

**FILE NOW: Fee after May 1, will be \$588.75**

**FILED**  
**Jun 18 1997 8:00am**  
**Secretary of State**

LIMITED LIABILITY COMPANY  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILING FEE \$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000008**

**ALLIANCE MATERIALS COMPANY, L.C.**  
**13228 CENTRAL FLORIDA AVENUE**  
**TAMPA FL 33612**

*do Florida Mining & Materials Corp.*

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address  
**13228 CENTRAL FLORIDA AVENUE**  
**TAMPA FL 33612**

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1996	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
SIVYER, NEAL A 220 SOUTH FRANKLIN STREET TAMPA FL 33602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SOUTHDOWN INC DBA FL,	13228 CENTRAL AVENUE	TAMPA FL
MGRM	OMNIVEST RESOURCES, IN	680 ATCHISON WAY, STE 800	CASTLE ROCK CO

100002217621-7  
 -06/19/97-01114-002  
 \*\*\*\*\*203.75 \*\*\*\*\*203.75

*MK-18-97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE** T. Michael Kaney **T. Michael Kaney** **4/17/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #