

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 23 PM 4:19

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



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

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000008**  
  
ALLIANCE MATERIALS COMPANY, L.C.  
C/O FLORIDA MINING & MATERIALS CORP.  
13228 CENTRAL FLORIDA AVENUE  
TAMPA FL 33612

1a. Principal Place of Business Address  
C/O FLORIDA MINING & MATERIA  
13228 CENTRAL FLORIDA AVENUE  
TAMPA FL 33612

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified 12/31/1996  
3a. State of Formation FL  
4. FEI Number 59-3452485  
~~APPLIED FOR~~  
5. Date of Last Report 06/18/1997  
6. Certificate of Status Desired  
 Applied For  
 Not Applicable  
 \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
SIVYER, NEAL A  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
400002466914  
Suite, Apt. #, etc. -03/24/98 --01091-002 1  
\*\*\*\*188.75 \*\*\*\*188.75  
City FL 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

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: [Signature] 3/5/98 303-688-5039  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #