

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 13 AM 9:20

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE \$188.75 Annual Report \$100.00 + \$88.75 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.  
C/O Southdown, Inc.  
1200 Smith Street, Suite 2400  
Houston, TX 77002

1a. Principal Place of Business Address  
C/O 13228 Central Florida Ave.  
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                     | Florida                                                            |
| City & State                   |  | City & State        |  | 4. FEI Number                  | <input type="checkbox"/> Applied For                               |
| Zip                            |  | Country             |  | 59-3452485                     | <input type="checkbox"/> Not Applicable                            |
|                                |  |                     |  | 5. Date of Last Report         | 6. Certificate of Status Desired                                   |
|                                |  |                     |  | 3/5/1998                       | <input checked="" type="checkbox"/> \$2.75 Additional Fee Required |

|                                                 |  |                                                    |  |
|-------------------------------------------------|--|----------------------------------------------------|--|
| 7. Name and Address of Current Registered Agent |  | 8. Name and Address of New Registered Agent/Office |  |
| Sivyer, Neal A                                  |  | Name                                               |  |
| 220 South Franklin Street                       |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| Tampa, FL 33602                                 |  | Suite, Apt. #, etc.                                |  |
|                                                 |  | 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.           | 13228 Central Avenue        | Tampa, FL                |
| MGRM      | Omnivest Resources, Inc.  | 680 Atchison Way, Suite 800 | Castle Rock, CO          |

05/13/99-90031-021  
\$188.75

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: *Wendell E. ...* Asst. Secretary  
DATE: 4/20/99 7136526500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #