

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90034 022 ****50.00

14005729



04262005 Chg-LLC CR2E083 (10/03)

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| DOCUMENT # L98000003122 |  |
| 1. Entity Name NATIONAL CONSTRUCTION PRODUCTS, L.L.C. | |

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| Principal Place of Business 1901 SERVICE STREET JACKSONVILLE, FL 32207 | Mailing Address 1901 SERVICE STREET JACKSONVILLE, FL 32207 |
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| 2. Principal Place of Business 3401 Philips Hwy Suite, Apt. #, etc. | 3. Mailing Address 3401 Philips Hwy Suite, Apt. #, etc. |
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| City & State JACKSONVILLE FL | City & State JACKSONVILLE FL |
| Zip 32207 | Country USA |

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| 4. FEI Number 59-3547398 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202 |
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| 7. Name and Address of New Registered Agent Name <u>William H. Harrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>3401 Philips Highway</u> City <u>Jacksonville</u> FL <u>Zip Code</u> <u>32207</u> |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William H. Harrell</u> DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRELL, WILLIAM H 1901 SERVICE STREET JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALLCORN, FRANK W IV 1901 SERVICE STREET JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3401 Philips Hwy</u> <u>Jacksonville FL 32207</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3401 Philips Hwy</u> <u>Jacksonville FL 32207</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I 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 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.

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| SIGNATURE: <u>William H. Harrell</u> | <u>4/27/05</u> | <u>904-398-7177</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |