2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # L98000003122 1. Entity Name NATIONAL CONSTRUCTION PRODUCTS, L.L.C.						04-18-2008	90153 039	***13	8.75
Principal Plac 3401 PHILIP JACKSONVILL		Mailing Address 3401 PHILIPS HWY JACKSONVILLE, FL 32:							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042008	Chg-LLC	CR2E083	(12/06)	
City & State		City & State			4. FEI Numbe 59-3547			<u> </u>	oplied For of Applicable
Zip	Country Zip Country			5. Certificate of Status Desired Status Desired 55.00 Additional Fee Required					
	6. Name and Address of Curre	ent Registered Agent	N.		7. Name and	Address of New R	Registered Age	nt	
	, WILLIAM H JPS HIGHWAY		Nan Stre		P.O. Box Numbe	r is Not Acceptable	e)		
	IVILLE, FL 32207						· · · · · · · · · · · · · · · · · · ·		
	:		City				FL	Zip Code	e
8. The above the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered offic	e or registe	red agent, or both	n, in the State of Flo	orida. I am fami	liar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Agent s	ignature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State				
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	.75							e
FILE After May	y 1, 2008 Fee will be \$538. 	.75	10.				a Department		e
9.	y 1, 2008 Fee will be \$538. MANAGING MEN		TITLE			Florida	Department /CHANGES		e Addition
9.	y 1, 2008 Fee will be \$538. MANAGING MEN	/BERS/MANAGERS		::SS		Florida	Department /CHANGES	of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEN MGR HARRELL, WILLIAM H 3401 PHILIPS HWY	/BERS/MANAGERS	TITLE Name Street addri	:ss		Florida	a Department /CHANGES	of State	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEN MGR HARRELL, WILLIAM H 3401 PHILIPS HWY JACKSONVILLE, FL 32203 MGR ALLCORN, FRANK W IV	/BERS/MANAGERS	TITLE NAME STREET ADDRI CITY-ST-ZIP TITLE NAME			Florida	a Department /CHANGES	Of State	Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: William & Hannell

4/4/08

904-398-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #