


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000003285
 1. Entity Name
 ALABAMA CONSTRUCTION PRODUCTS, L.L.C.



Principal Place of Business Mailing Address
 1901 SERVICE STREET 1901 SERVICE STREET
 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



04262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3547243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, WILLIAM H
 3401 PHILIPS HWY
 JACKSONVILLE, FL 32207

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRELL, WILLIAM H 1901 SERVICE STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLCORN, FRANK W IV 1901 SERVICE STREET JACKSONVILLE, FL 32207
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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 H. Harrell Date: 4/26/06 Daytime Phone #: 904-338-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #