


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90150 012 \*\*\*\*50.00

**DOCUMENT # M01000000048**

1. Entity Name  
 REYNOLDS READY MIX, L.L.C.




Principal Place of Business      Mailing Address  
 1300 MCFARLAND BLVD.      1300 MCFARLAND BLVD.  
 SUITE 300      SUITE 300  
 TUSCALOOSA, AL 35406      TUSCALOOSA, AL 35406

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 3008 HWY. 95 - A SOUTH      P.O. BOX 020848  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Cantonment, FL      Tuscaloosa, AL  
 Zip      Country      Zip      Country  
 32533      Country      35402-0848      Country

60010373



01032007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
 63-1152237      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LINDSEY, BOBBY  
 3008 HIGHWAY 95 SOUTH  
 CANTONMENT, FL 32533

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READY MIX USA INC 1300 MCFARLAND BLVD., SUITE 300 TUSCALOOSA, AL 35406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	READY MIX USA LLC 1550 McFarland Blvd. N. Tuscaloosa, AL 35406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**       KEITH JENNINGS      1/25/2007      205 345 5600

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