2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M02000000694

1. Entity Name

COUCH READY MIX USA COASTAL DIVISION, L.L.C.



04-16-2004 90408 011 ****50.00

Apr 16, 2004 8:00 am Secretary of State

FILED

Principal Place of Business 715 TWITCHELL ROAD

DOTHAN, AL 36303

Mailing Address

715 TWITCHELL ROAD DOTHAN, AL 36303



04072004 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number 80-0006929

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

DO NOT WRITE

PLANTATION, FL 33324		IN THIS SPACE	
	e named entity submits this statement for the purpose of char tions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstalling) OATE	
F	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READY MIX USA, INC. 1300 MCFARLAND BLVD. NE SUITE 300 TUSCALOOSA, AL 35406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 spall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the regeiver or trustee empowered to prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP

7~04