2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90150 017 ****50.00

DOCUMENT # M0200000694 1. Entity Name COUCH READY MIX USA COASTAL DIVISION, L.L.C.						01-29-2007 9	0150 017 ****	` 50.00
Principal Plac 715 TWITCH DOTHAN, AL		Mailing Address 715 TWITCHELL ROAD DOTHAN, AL 36303			60010368			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1222 O Parama City Beach Play. P.O. Box 02081 Suite, Apt. #, etc.								
				<u> </u>	01032007		CR2E083 (12/06)	
Paramo	L'CHY, FL	_ City & State	AL		4. FEI Numb		}	pplied For ot Applicable
32413 Country		35402 -0848	Country		<u> </u>		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	BOBBY HWAY 95 SOUTH MENT, FL 32533			Street Address (P.O. Box Number is Not Acceptable)				
	,			City	, , , , , , , , , , , , , , , , , , , 		FL Zip Cod	le
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FI	lling Fee is \$50.00 ue by May 1, 2007				-		eck payable to partment of Stat	è
9. TITLE	MANAGING MEMBE	RS/MANAGERS	10. TITLE			ADDITIONS/CHA	NGES Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	READY MIX USA, INC. 1300 MCFARLAND BLVD. NE SL TUSCALOOSA, AL 35406		NAME STREE	TADDRESS 155C	Dy Hix	arland Bly	A. M.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	<u> </u>	محمد عمر	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		İ			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		□ Defete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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: LETH JEWNINGS 1/25 2007 205 345 5600 Deyding Phone #								