
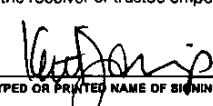


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-29-2007 90150 014 ****50.00

DOCUMENT # M02000000695			
1. Entity Name COUCH READY MIX USA AGGREGATE DIVISION, L.L.C.			
Principal Place of Business 715 TWITCHELL ROAD DOTHAN, AL 36303		Mailing Address 715 TWITCHELL ROAD DOTHAN, AL 36303	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 020848	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tuscaloosa, AL	
Zip	Country	Zip 35402-0848	Country
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		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. NE SUITE 300 TUSCALOOSA, AL 35406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	READY MIX USA, LLC 1300 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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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
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #
		1/25/2007	205 345 5600