
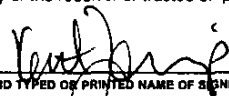


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-29-2007 90150 013 ****50.00

DOCUMENT # M02000000963			
1. Entity Name COUCH READY MIX USA INLAND 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		7. Name and Address of New Registered Agent	
LINDSEY, BOBBY 3008 HIGHWAY 95 SOUTH CANTONMENT, FL 32533		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 BOULEVARD NE SUITE 300 TUSCALOOSA, AL 35406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	READY MIX USA LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1350 McFarland Blvd. N. Tuscaloosa, AL 35406
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
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
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	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> 1/25/2007	
		<small>Daytime Phone #</small> 205 345 5600	

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