## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # M02000001913

MARTIN MARIETTA MATERIALS OF FLORIDA, LLC



Principal Place of Business

2710 WYCLIFF ROAD RALEIGH, NC 27607 Mailing Address

2710 WYCLIFF ROAD RALEIGH, NC 27607

## **FILED** Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90023 049 \*\*\*\*50.00

24052452



04192004 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

Daytime Phone #

4. FEI Number 56-1848578 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 PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURESignature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating). DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	MARTIN MARIETTA MATERIALS, INC.		
STREET ADDRESS	2710 WYCLIFF ROAD		
CITY-ST-ZIP	RALEIGH, NC 27607		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		•	
STREET ADDRESS		DO NOT	WOITE
CITY-ST-ZIP		וטא טם	While
TITLE		IN THIS S	SDACE
NAME		111113	SFACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 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.			

Ann M. Connick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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