

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000740

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: SUWANNEE AMERICAN CEMENT LLC

**Current Principal Place of Business:**

5117 US HIGHWAY 27  
BRANFORD, FL 32008

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 410  
BRANFORD, FL 32008

**New Mailing Address:**

FEI Number: 51-0400018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCRAE & METCALF, P.A.  
1677 MAHAN CENTER BLVD.  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDERSON, JOE H JR  
Address: HIGHWAY 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM ( ) Delete  
Name: ANDERSON, JOE H III  
Address: HIGHWAY 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM ( ) Delete  
Name: ANDERSON, M. DOUGLAS  
Address: HIGHWAY 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM ( ) Delete  
Name: MORAES, FABIO ERMIRIO  
Address: HIGHWAY 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM ( ) Delete  
Name: DE CARVALHO, LUIZ  
Address: HIGHWAY 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM ( ) Delete  
Name: GRINFEDER, CLAUDE  
Address: HIGHWAY 349 NORTH  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOE H ANDERSON, JR

MGRM

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date