



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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<b>DOCUMENT # M05000001308</b> 1. Entity Name <b>CEMEX SOUTHEAST LLC</b>	
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FILED  
 06 MAY 16 PM 5:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>840 GESSNER, SUITE 1400                  HOUSTON TX 77024</b>	Mailing Address <b>840 GESSNER, SUITE 1400                  HOUSTON TX 77024</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/05)  
 47-0454454

4. FEI Number <b>AP-PLIED FOR</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2006

300075476793  
 05/30/06--01045--008 \*\*1500.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM CEMEX, INC.	<input type="checkbox"/> Delete
NAME	840 GESSNER, SUITE 1400	
STREET ADDRESS	HOUSTON TX 77024	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>APR 5/23</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* VP. TAX 5/1/06 713-722-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #