2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 17, 2006 08:00 AN Secretary of State

205-879-0456

Daytime Phone #

DOCUMENT # M0500006886 1. Entity Name MID-COAST AGGREGATES, LLC			Secretary of State	
Principal Place of Business SUITE 300, ONE OFFICE PARK CIRCLE BIRMINGHAM, AL 35223 Mailing Address SUITE 300, ONE OFFICE PARK CIRCLE BIRMINGHAM, AL 35223				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				02062006 No Chg-LLC
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and the if explicable. (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2006				
S. YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR MCDONALD MANAGER,INC. SUITE 300, ONE OFFICE PARK C BIRMINGHAM, AL 35223	IRCLE		U00000516011 04/29/06-80230-020 50.00 DO NOT WRITE IN THIS SPACE
11. I hereby certify that the information supplied with this filling 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.				