


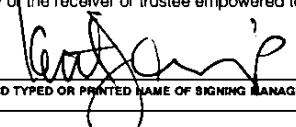
**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90074 039 ***138.75

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DOCUMENT # M07000004295			
1. Entity Name COUCH READY MIX USA TALLAHASSEE DIVISION, LLC			
Principal Place of Business 1550 MCFARLAND BLVD. THIRD FLOOR TUSCALOOSA, AL 35406		Mailing Address 1550 MCFARLAND BLVD. THIRD FLOOR TUSCALOOSA, AL 35406	
2. Principal Place of Business - No P.O. Box # 1110 CAPITAL CIRCLE NE		3. Mailing Address P.O. BOX 020848	
Suite, Apt. #, etc. SUITE G		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TUSCALOOSA, AL	
Zip 32301	Country USA	Zip 35402	Country USA
6. Name and Address of Current Registered Agent LINDSEY, BOBBY 3008 HIGHWAY 95-A SOUTH CANTONMENT, FL 32533		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME READY MIX USA, INC.		NAME READY MIX USA, LLC	
STREET ADDRESS 1550 MCFARLAND BLVD. THIRD FLOOR		STREET ADDRESS 1550 MCFARLAND BLVD. THIRD FLOOR	
CITY-ST-ZIP TUSCALOOSA, AL 35406		CITY-ST-ZIP TUSCALOOSA, AL 35406	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 2/19/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	