


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2008 90074 038 \*\*\*138.75

<b>DOCUMENT # M07000007198</b>					
<b>1. Entity Name</b> AGGREGATES USA GEORGIA DIVISION, LLC					
<b>Principal Place of Business</b> 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406			<b>Mailing Address</b> 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406		
<b>2. Principal Place of Business - No P.O. Box #</b> 2209 BLOUNT AVE		<b>3. Mailing Address</b> P.O. BOX 020848			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> KNOXVILLE, TN		<b>City &amp; State</b> TUSCALOOSA, AL		<b>4. FEI Number</b> 26-1407766	
<b>Zip</b> 37920-1956		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LINDSEY, BOBBY 3008 HIGHWAY 95-A SOUTH CANTONMENT, FL 32533			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READY MIX USA, INC. 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READY MIX USA, LLC. 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ <b>2/19/2008</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					