

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2008 90074 037 ***138.75

DOCUMENT # M07000007199					
1. Entity Name AGGREGATES USA, LLC					
Principal Place of Business 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406			Mailing Address 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406		
2. Principal Place of Business - No P.O. Box # 2209 BLOUNT AVE		3. Mailing Address P.O. BOX 020848			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KNOXVILLE, TN		City & State TUSCALOOSA, AL			
Zip 37920-1956	Country USA	Zip 35406	Country USA	4. FEI Number 26-1407822	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
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 _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR READY MIX USA, INC. <input type="checkbox"/> Delete 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition READY MIX USA, LLC 1550 MCFARLAND BLVD. N., THIRD FLOOR TUSCALOOSA, AL 35406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ 2/19/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					