

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000754

1. Entity Name
MIDDLESEX ASPHALT LLC



Principal Place of Business
**1400 THOMAS AVENUE
LEESBURG, FL 34748-3223**

Mailing Address
**C/O THE MIDDLESEX COMPANIES
ONE SPECTACLE POND RD
LITTLETON, MA 01460**



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3520400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEREIRA, ROBERT W
STREET ADDRESS	425 BEACH ROAD
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	MGR
NAME	APONAS, ALFRED S
STREET ADDRESS	18-A SOUTH SHAKER ROAD
CITY-ST-ZIP	HARVARD, MA 01451
TITLE	MGR
NAME	MABARDY, ROBERT L
STREET ADDRESS	10 PEARL STREET
CITY-ST-ZIP	LEXINGTON, MA 02173
TITLE	MGR
NAME	JACOBOSON, ROBERT N
STREET ADDRESS	99 CRANBERRY CIRCLE
CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	MGR
NAME	MANCUSO, MICHAEL J JR
STREET ADDRESS	1102 LINMAR AVENUE
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-24-05

Date

Daytime Phone #