

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M98000000754

1. Entity Name
MIDDLESEX ASPHALT LLC



Principal Place of Business
**10801 COSMONAUT BLVD
ORLANDO, FL 32824**

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



01152007No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
PEREIRA, ROBERT W
102 NORTHEAST 2ND STREET, #555
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
APONAS, ALFRED S
40 GROUSE HOLLOW ROAD
MERIDITH, NH 03253**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
MABARDY, ROBERT L
10 PEARL STREET
LEXINGTON, MA 02173**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
JACOBSON, ROBERT N
99 CRANBERRY CIRCLE
SUDBURY, MA 01776**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
MANCUSO, MICHAEL J JR
17035 FLORENCE VIEW
MONTVERDE, FL 34756**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000632995
02/21/07-80044-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

ext. 1330
Daytime Phone #

2/1/07 978-742-4400