## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M98000001083

Entity Name: ASPHALT PRODUCTION LLC

17035 FLORENCE VIEW

MONTVERDE, FL 34756

Address:

City-St-Zip:

FILED Feb 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 110 C.R. 470 OKAHUMPKA, FL 34762 **Current Mailing Address: New Mailing Address:** C/O THE MIDDLESEX CORPORATION ONE SPECTACLE POND ROAD LITTLETON, MA 01460 FEI Number: 65-0866071 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PEREIRA, ROBERT W Name: Name: ONE SPECTACLE POND ROAD Address: Address: City-St-Zip: LITTLETON, MA 01460 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition APONAS, ALFRED S Name: Name: Address: 1095 HWY A1A Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition JACOBSON, ROBERT N Name: Name: Address: 99 CRANBERRY CIRCLE Address: City-St-Zip: SUDBURY, MA 01776 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition MABARDY, ROBERT L Name: Name: Address: 10 PEARL STREET Address: City-St-Zip: LEXINGTON, MA 02173 City-St-Zip: Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition MANCUSO, MICHAEL J JR PEREIRA, ROBERT W II Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

9325 TIBET POINTE CIRCLE

WINDERMERE, FL 34786

SIGNATURE: ROBERT N. JACOBSON MGR 02/05/2009