

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087628

**FILED**  
**Mar 14, 2007**  
**Secretary of State**

**Entity Name:** FINAL PHASE ALUMINUM, LLC

**Current Principal Place of Business:**

12641 SUMMERWOOD DR  
FT MYERS, FL 33908

**New Principal Place of Business:**

17681 BALFOUR TERRACE  
FT MYERS, FL 33913

**Current Mailing Address:**

PO BOX 60946  
FT MYERS, FL 339060946

**New Mailing Address:**

FEI Number: 20-1984922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEWEESE, MICHAEL K  
12641 SUMMERWOOD DR  
FT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

DEWEESE, MICHAEL K  
17681 BALFOUR TERRACE  
FT MYERS, FL 33913 US

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:

03/14/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEWEESE, MICHAEL K  
Address: PO BOX 60946  
City-St-Zip: FT MYERS, FL 339060946

Title: MGRM ( ) Delete  
Name: BAKE, GERALD F  
Address: 4830 NEAL RD  
City-St-Zip: FT MYERS, FL 33905

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL K DEWEESE

MGR

03/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date