


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90027 009 ****50.00

DOCUMENT # L05000122354

1. Entity Name
MODCAST STRUCTURAL SYSTEMS, L.L.C.



Principal Place of Business Mailing Address
4745 SUTTON PLACE COURT **4745 SUTTON PLACE COURT**
SUITE 602 **SUITE 602**
JACKSONVILLE, FL 32224 US **JACKSONVILLE, FL 32224 US**

60040842



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State City & State

4. FEI Number Applied For
20-8902320 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD.
SUITE 201
JACKSONVILLE, FL 32207

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCALLAN, L J	
STREET ADDRESS	105 MELROSE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MURPHY, ROBERT L	
STREET ADDRESS	437 TREATY OAK LANE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMATHERS, BRUCE A	
STREET ADDRESS	4745 SUTTON PARK COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **MGR** **4-25-07** **9048219991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #