


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

8/14/2007-90026-039-\$55.00-\$55.00

FILED  
07 OCT -5 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0600011875					
1. Entity Name US STEEL SHOOT LLC					
Principal Place of Business 177 N. US HWY 1 SUITE 314 TEQUESTA, FL 33469 US			Mailing Address 177 N. US HWY 1 SUITE 314 TEQUESTA, FL 33469 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3196097	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLOWAY, GARY M 177 N. US HWY 1 SUITE 314 TEQUESTA, FL 33469			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 <u>Gary M Calloway</u> <small>Signature, typed or printed name of registered agent and title applicable</small>				DATE <u>8/05/07</u>	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALLOWAY, GARY M		NAME		
STREET ADDRESS	177 N. US HWY 1		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANOWICZ, DEREK P		NAME		
STREET ADDRESS	6816 BLUE BAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Gary M Calloway</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>8/03/07</u>	

REINSTATEMENT