


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90042 041 ****50.00

DOCUMENT # L98000000060

1. Entity Name
ALLSTEEL & GYPSUM OF PALM BEACH, LLC



Principal Place of Business
**2250 AUSTRALIAN AVENUE
 RIVIERA BEACH, FL 33404**

Mailing Address
**2250 AUSTRALIAN AVENUE
 RIVIERA BEACH, FL 33404**

2. Principal Place of Business
2280 Avenue L

3. Mailing Address
1250 NW 23rd Ave


Suite, Apt. #, etc.

City & State
Riviera Beach, FL

City & State
Ft Lauderdale, FL

Zip
33404 Country **US**

Zip
33311 Country **US**



02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0805636

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, LISA
 VALDINI & PALMER, P.A.
 5353 N FEDERAL HWY, SUITE 303
 FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MBR	<input type="checkbox"/> Delete
NAME	MARKUS, GLENN	
STREET ADDRESS	1250 N.W. 23RD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GADA MANAGEMENT, L.C.	
STREET ADDRESS	2300 BARCELONA DRIVE	
CITY-ST-ZIP	FT.LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: Markus Piana Markus **PIANA MARKUS** **02-02-05** **954-581-1900**

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