## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400001006

CAMBRIDGE-LEE INDUSTRIES LLC



**FILED** May 01, 2006 08:00 AM Secretary of State

Principal Place of Business

86 TUBE DR

READING, PA 19612

Mailing Address

86 TUBE DR

READING, PA 19612



DO NOT WRITE IN THIS SPACE

04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0137657

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

| 8. | The above named entity submits this statement for the | e purpose of changing its registers | ed office or registered agent, of | or both, in the State of Florida. | I am familiar with, and accept |
|----|---|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
|    | the obligations of registered agent.                  | ,                                   | _                                 | ·                                 |                                |

Signature, typed or minted name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

| 9.                            | MANAGING MEMBERS/MANAGERS   |
|-------------------------------|---|
| THILE                         | MGRM  |
| NAME                          | UNITED COPPER INDUSTRIES, INC.  |
| STREET ADDRESS                | -   |
| CITY-ST-ZIP                   | DENTON, TX 76208  |
| TITLE                         |   |
| NAME                          |   |
| STREET ADDRESS                | -   |
| CITY-ST-ZIP                   |   |
| TITLE                         |   |
| NAME                          |   |
| STREET ADDRESS                |   |
| CRY-ST-ZIP                    |   |
| ₹KE                           |   |
| NAME                          |   |
| STREET ADDRESS<br>CITY-ST-ZIP |   |
|                               |   |
| TITLE                         |   |
| NAME<br>670017 +DODE OO       |   |
| STRCET ADDRESS<br>CITY-ST-ZIP |   |
|                               |   |
| THE                           |   |
| NAME<br>STREET ADDRESS        |   |
| CITY-ST-ZIP                   |   |
|                               | entity that the information supplied with this filling does not qualify for the |

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thereby certify that the information supplied with this filling 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 eath; 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.