

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005733

FILED
Feb 03, 2005
Secretary of State

Entity Name: ALLWOOD INDUSTRIALS LLC

Current Principal Place of Business:

20100 N. E. 20TH COURT
MIAMI, FL 33179 US

New Principal Place of Business:

42 CAYMAN PLACE
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

P.O. BOX 630536
MIAMI, FL 331630536 US

New Mailing Address:

42 CAYMAN PLACE
PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-1010404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEKKALA, ROBIN L
42 CAYMAN PLACE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PEKKALA, TAPANI
Address: 20100 N.E. 20TH COURT
City-St-Zip: MIAMI, FL 33179 US

Title: MGRM () Delete
Name: PEKKALA, ROBIN L
Address: 20100 N.E. 20TH COURT
City-St-Zip: MIAMI, FL 33179 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEKKALA, TAPANI
Address: 42 CAYMAN PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM (X) Change () Addition
Name: PEKKALA, ROBIN L
Address: 42 CAYMAN PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN PEKKALA

MGRM

02/03/2005

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