

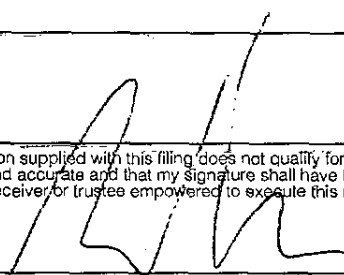


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016496</b> 1. Entity Name S & S CONSTRUCTION PRODUCTS, LLC			
Principal Place of Business 2025 N.W. 15TH AVENUE POMPAÑO BEACH, FL 33069		Mailing Address 2025 N.W. 15TH AVENUE POMPAÑO BEACH, FL 33069	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02192005 No Chg-LLC      CR2E083 (10/03)	
		4. FEI Number 65-1148219	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SARDINIA, ANTHONY 2025 N.W. 15TH AVENUE POMPAÑO BEACH, FL 33069		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reissuing)      DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARDINIA, ANTHONY 2025 NW 15 AVE POMPAÑO BEACH, FL 33069	100000242003 02/24/05-80070-011 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE 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.			
<b>SIGNATURE:</b> 		02-22-05      954-969-0091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #	