

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003204

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: JENKS METALS, LLC

**Current Principal Place of Business:**

8142 S. ORANGE AVE.  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8142 S. ORANGE AVE.  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 11-3642338      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOLLINGSSED, WILLIAM H  
8142 S. ORANGE AVE.  
ORLANDO, FL 32809      US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FEIEREISEN, LEE  
Address: 4025 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: HOLLINGSSED, BILL  
Address: 3955 COHEN DRIVE  
City-St-Zip: ZELLWOOD, FL 32798

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEE FEIEREISEN

CEO

07/12/2006

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