
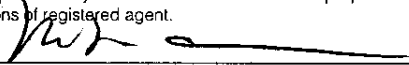
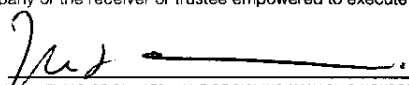


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90189 035 \*\*\*\*50.00

<b>DOCUMENT # L02000011965</b> 1. Entity Name <b>FENI STAINLESS, LLC</b>					
Principal Place of Business <b>3110 SANDAL WOOD LANE</b> <b>TITUSVILLE, FL 32780</b>			Mailing Address <b>3110 SANDAL WOOD LANE</b> <b>TITUSVILLE, FL 32780</b>		
2. Principal Place of Business <b>3656 S. Hopkins Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>3656 S. Hopkins Ave</b> Suite, Apt. #, etc.		
City & State <b>Titusville, FL</b>		City & State <b>Titusville, FL</b>		4. FEI Number <b>01-0695275</b>	
Zip <b>32780</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALDANA, MANUEL</b> <b>3110 SANDAL WOOD LANE</b> <b>TITUSVILLE, FL 32780</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3656 S. Hopkins Avenue</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32780</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  DATE <b>1-31-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDANA, LILYAM <input type="checkbox"/> Delete 7958 68TH AVE MIDDLE VILLAGE, NY 11379			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ALDANA, MANUEL F <input type="checkbox"/> Delete 3110 SANDALWOOD LN TITUSVILLE, FL 32780			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNSTER, RICARDO <input type="checkbox"/> Delete 88-10 32ND AVE UNIT #402 EAST ELMHURST, NY 11369			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.F. FRAYSON, TELMA <input type="checkbox"/> Delete <i>correct spelling</i> 57 W ORCHARD RD CHAPPAQUA, NY 10514			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Pres.</b> <b>1-31-04</b> <b>(321)</b> <b>3839160</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**24009116**



02052004 Chg-LLC CR2E083 (10/03)