


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017661</b> 1. Entity Name E & R ALUMINUM, LLC	
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Principal Place of Business 731 LOCKLEAR AVE. SARASOTA, FL 34237	Mailing Address 731 LOCKLEAR AVE. SARASOTA, FL 34237
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02212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2281391	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  LAMBRIGHT, NORMAN M 731 LOCKLEAR AVE. SARASOTA, FL 34233-7
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and city, state, and date) (NOTE: registered agent signature required) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBRIGHT, NORMAN M 731 LOCKLEAR AVE. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBRIGHT, LORRAINE O 731 LOCKLEAR AVE. SARASOTA, FL 34237
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03/25/05-80047-011 55.00

**DO NOT WRITE  
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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: Norman M. Lambright 03/22/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #