May 19, 2003 8:00 am Secretary of State

04-28-2003 90075 008 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)	
DOCUMENT # LO2000024295 1. Entity Name OLSHER STEEL LLC	

Principal Place of Business Mailing Address 44001981 6582 LANDINGS COURT 6582 LANDINGS COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address 6199 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For 632472 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAGDASARIAN, RICHARD C ESQ. 1800 CORPORATE BOULEVARD N.W. Street Address (P.O. Box Number is Not Acceptable) SUITE 302 **BOCA RATON FL 33431** 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE CR2E083 (10/02 TITLE ☐ Addition NAME OLSHER HOLDLINGS LIMITED PARTNERSHIP NAME STREET ADORESS 4800 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Deleta TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 111.44 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 🗓 ☐ Change ☐ Addition NAME: STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 it 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.

AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE