2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026460

1. Entity Name
CHOTOO ALL ALUMINUM, LLC

Principal Place of Business	Mailing Address
5319 TREETOPS DR. NAPLES, FL 34113	5319 TREETOPS DR. NAPLES, FL 34113

DO NOT WRITE IN THIS SPACE

04292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
48-1277989
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST.
FT LAUDERDALE, FL 33311

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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: Dulaie Chotoo DULARIE CHOTOO - PRESIDENT - A-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000153165
05/04/04-80117-001 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CHOTOO, DULARIE
STREET ADDRESS	5319 TREETOPS DR.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGRM
NAME	DURITY, ANTHONY
STREET ADDRESS	5319 TREETOPS DR.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGRM
NAME	PEREZ, ZENAIDO
STREET ADDRESS	5319 TREETOPS DR.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGRM
NAME	HOLDER, CHRISTOPHER
STREET ADDRESS	5319 TREETOPS DR.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dulaie Chotoo DULARIE CHOTOO 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #