



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027799</b> 1. Entity Name ALLIED AEROFOAM PRODUCTS, LLC	
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Principal Place of Business 216 KELSEY LANE TAMPA, FL 33619	Mailing Address 216 KELSEY LANE TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**



03092005No Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0037940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASH, ALAN 216 KELSEY LANE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, HARRY D 216 KELSEY LANE TAMPA, FL 33619
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03/16/05-80004-012 50.00

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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)(f), 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:** Harry D. Baker **HARRY D. BAKER** 3/9/05 (813) 626-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #