


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY <i>Annual Report</i>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L03000015962</u>			
1. Limited Liability Company's Name J & E SHEET METAL & SUPPLY, LLC			
2. Principal Office Address 2748 EVANS AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 2748 EVANS AVENUE Suite, Apt. #, etc.	
City & State FORT MYERS, FLORIDA		City & State FORT MYERS, FLORIDA	
Zip 33901	Country LEE	Zip 33901	Country LEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida MAY 1, 2003	
6. FEI Number <u>06-1694365</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name JUDITH L. HOPKINS		
Street Address (P.O. Box Number is Not Acceptable) 4703 S. E. 17TH PLACE		
Suite, Apt. #, Etc. 502		
City CAPE CORAL	State FL	Zip Code 33904

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent <i>Judith L. Hopkins</i>	Date <u>6-28-04</u>
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	JUDITH L. HOPKINS	4703 S E 17TH PLACE	CAPE CORAL, FL. 33904
<i>MEM</i>	ERIC WILKINSON	2748 EVANS AVENUE	FORT MYERS, FL. 33901

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager <i>Judith L. Hopkins</i>	Date <u>6-28-04</u> Daytime Phone # <u>239-699-1469</u>
Typed or printed name of signing Managing Member/Manager JUDITH L. HOPKINS	

CR2E041 (10/02)