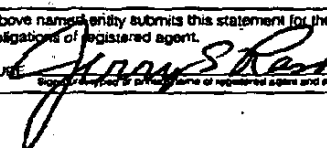
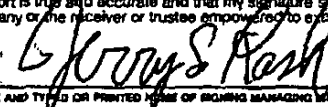


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AKA)**

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-28-2004 90064 038 ****50.00

DOCUMENT # L03000018174			
1. Entity Name J & J ALUMINUM PRODUCTS LLC.			
Principal Place of Business 1026 HIGHWAY 20 INTERLACHEN FL 32148		Mailing Address P.O. BOX 248 HOLLISTER FL 32147	
2. Principal Place of Business 1026 Hwy 20 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 248 Suite, Apt. #, etc.	
City & State Interlachen FL		City & State Hollister	
Zip 32148	Country Putnam	Zip 32147	Country Putnam
4. FEI Number 32-0077212		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent RASH, JERRY S 1026 HIGHWAY 20 INTERLACHEN FL 32148		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 		DATE 4-22-04	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE OWNER	☐ Delete	TITLE President	☒ Change ☐ Addition
NAME Jerry S. Rash		NAME Jerry S. Rash	
STREET ADDRESS 1026 Hwy 20		STREET ADDRESS 1026 Hwy 20	
CITY- ST- ZIP Interlachen FL 32148		CITY- ST- ZIP Interlachen FL 32148	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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: 		4-22-04 386-684-4003	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	