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Jun 10, 2004 8:00 am
Secretary of State

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000018174

1. Entity Name
J & J ALUMINUM PRODUCTS L.L.C.

34008443

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
1026 HIGHWAY 20 INTERLACHEN FL 32148	P.O. BOX 248 HOLLISTER FL 32147

2. Principal Place of Business	3. Mailing Address
1026 Hwy 20	P.O. Bx 248
Suite, Apt. #, etc.	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 ☐ $5.00 Additional Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

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: Jerry S Rash — DATE: 4-22-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	owner Jerry S Rash 1026 Hwy 20 Interlachen Fl. 32148 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jerry S. Rash 1026 Hwy 20 Interlachen Fl. 32148 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jerry S Rash — 4-22-04 — 386-684-4003

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