2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	1026 Hwy 20
St. Apt. #, etc.	Suite, Apt. #, etc.
Interlachen, FL.	Interlachen, FL 32148
Zip: 32148 Country: Putnam	Zip: 32148 Country: U.S.A.

01142005 Chg-LLC CR2E083 (10/03)

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	7. Name and Address of New Registered Agent
RASH, JERRY S 1026 HIGHWAY 20 INTERLACHEN, FL 32148	Name: Jerry S. Rash Street Address (P.O. Box Number is Not Acceptable): 1026 Hwy. 20 City: Interlachen, FL Zip Code: 32148

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RASH, JERRY S 1026 HWY 20 INTERLACHEN, FL 32148	☐ 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	Office Manager 1421 President St. Sarah J. Stewart	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Palatka, FL. 32177	☐ 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 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #