


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90120 018 \*\*\*\*50.00

<b>DOCUMENT # L03000018641</b> 1. Entity Name <b>TRI COUNTY METALS, L.L.C.</b>																													
Principal Place of Business <b>POST OFFICE BOX 1266 5950 SE 60TH STREET TRENTON, FL 32693 US</b>			Mailing Address <b>POST OFFICE BOX 1266 5950 SE 60TH STREET TRENTON, FL 32693 US</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	01202005 Chg-LLC CR2E083 (10/03) 4. FEI Number <b>83-0365188</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>BURT, THEODORE M ESQ. 114 NE FIRST STREET TRENTON, FL 32693</b>				7. Name and Address of New Registered Agent Name <b>Lancaster, Sherree H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 E Wade St</b> City <b>Trenton</b> FL Zip Code <b>32693</b>																									
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 <i>Sherree H. Lancaster</i> <b>Sherree H. Lancaster</b> <b>3/24/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>																													
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STARRETT, LENA F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POST OFFICE BOX 1266</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON, FL 32693</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	STARRETT, LENA F		STREET ADDRESS	POST OFFICE BOX 1266		CITY-ST-ZIP	TRENTON, FL 32693		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #