## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Sep 06, 2005 08:00 AM Secretary of State

DOCUMENT #	L0300004	l0353
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1. Entity Name

UNIVERSAL CASTING LLC

Principal Place of Business

456 ALEXANDER PALM ROAD BOCA RATON, FL 33432 Mailing Address

456 ALEXANDER PALM ROAD BOCA RATON, FL 33432



08012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0318922 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORTLEY, GINGER 456 ALEXANDER PALM ROAD BOCA RATON, FL 33432

the obligations of registered agent.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	<u> </u>				·			
	Signature, typed or printed name of registered agent and tale if applicable. [NOTE: Register	ed Agent signature requir	ed when reinstatin	a) ,		DÁTÉ		, <u>, , , , , , , , , , , , , , , , , , </u>
Filing Fee is \$50.00 Due by September 7, 2005								4- <del>54</del> 4. <u>4</u>
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	<u></u>	<u> </u>	; ;	. :	<del></del>	7 3 37 3 37 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
TITLE	MGRM	1						
NAME	WORTLEY, GINGER	i						
STREET ADDRESS	456 ALEXANDER PALM ROAD	•						
CITY-ST-ZIP	BOCA RATON, FL 33432	· i janin			, . · ,:	3	٠	
TITLE	MGRM	1						
NAME	ROJAS, CARLOS				lmo	กกล่ววรว	Q ·	· Localita years
STREET ADDRESS	11955 SW 12TH STREET			ľ	19/117/11	0037762 5-80005	<u> </u>	รรากิก
CATY-ST-ZIP	PEMBROKE PINES, FL 33025	<u>.</u>		*		يغر بهمتوره بغ	، بيانها :	شناء التهيئ عرفي
TITLE	MGRM							
NAME	BORGES, EVA E							
STREET ADDRESS	1210 S 24TH TERRACE		Di	N	OT V	VRITE	=	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		وميه	w. 13	Y!!	AFEETF	<del>.</del>	
TITLE	MRGM		. IN	TH	IIS S	PACE	:	
NAME	GINGER WORTLEY TRUST		#= 7				<b>=</b>	
STREET ADDRESS	C/O RICHARD CLARK, TTEE, 60 BLUE HERON RD		,					
CITY-ST-ZIP	SPARTA, NJ 07671	<u></u>				···	. : "	: : : : : : : : : : : : : : : : : : : :
TITLE								
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STREET ADDRESS								
CITY-ST-ZIP				11 11 14 14		: '. TE		
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NAME		i .						

11. Thereby certify that the information supplied with this filling 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 true exemptions as required by Chapter 608, Florida Statutes.

IG MEMBER, OR AUTHORIZED REPRESENTATIVE

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