

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90049 031 ****50.00

DOCUMENT # L03000045600 1. Entity Name MODEL METALS LTD. CO.			
Principal Place of Business 3020 EARL WILES LN PERRY, FL 32348		Mailing Address 3020 EARL WILES LN PERRY, FL 32348	
2. Principal Place of Business 3020 Earl Wiles Rd. Suite, Apt. #, etc.		3. Mailing Address 3020 Earl Wiles Rd. Suite, Apt. #, etc.	
City & State Perry, Florida		City & State Perry, Florida	
Zip 32348		Zip 32348	
Country U.S.		Country U.S.	
4. FEI Number 13-4269777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRICKEY, WARREN D 3020 EARL WILES LN PERRY, FL 32348		7. Name and Address of New Registered Agent Name Brickey, Warren D. Street Address (P.O. Box Number is Not Acceptable) 3020 Earl Wiles Rd. City Perry FL Zip Code 32348	
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 <u>Warren D. Brickey</u> <u>Warren D. Brickey</u> <u>4-22-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR BRICKEY, WARREN D 3020 EARL WILES LN PERRY, FL 32348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Brickey, Warren D 3020 Earl Wiles Rd. Perry, Fl. 32348 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Warren D. Brickey		Warren D. Brickey	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> 4-22-05 850-584-8077 <small>Daytime Phone #</small>	