


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90012 005 ****50.00

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| DOCUMENT # L03000045600 1. Entity Name MODEL METALS LTD. CO. | |  | |
| Principal Place of Business 3020 EARL WILES RD PERRY, FL 32348 | | Mailing Address 3020 EARL WILES RD PERRY, FL 32348 | |
| 2. Principal Place of Business 373 Will Clark Road Suite, Apt. #, etc. | | 3. Mailing Address 373 Will Clark Road Suite, Apt. #, etc. | |
| City & State Perry, FL | | City & State Perry, FL | |
| Zip 32347 Country U.S.A. | | Zip 32347 Country U.S.A. | |
| 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 RD PERRY, FL 32348 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | 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 RD PERRY, FL 32348 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 373 Will Clark Road Perry, FL 32347 |
| 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 exemptions contained in Chapter 119, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | 4-26-06 850-223-3453 <small>Date Daytime Phone #</small> | |