



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90184 041 ****50.00

DOCUMENT # L03000045600 1. Entity Name MODEL METALS LTD. CO.					
Principal Place of Business 373 WILL CLARK ROAD PERRY, FL 32347				Mailing Address 373 WILL CLARK ROAD PERRY, FL 32347	
2. Principal Place of Business - No P.O. Box # 373 Will Clark Road		3. Mailing Address 373 Will Clark Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04102007 Chg-LLC CR2E083 (12/06)	
City & State Perry, FL		City & State Perry, FL		4. FEI Number 13-4269777	
Zip 32347		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32347		Country USA		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 Brickey, Warren D. Street Address (P.O. Box Number is Not Acceptable) 373 Will Clark Road. City Perry FL Zip Code 32347	
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 (MGR)</u> DATE <u>4-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			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 373 WILL CLARK ROAD PERRY, FL 32347 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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
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				Warren D. Brickey 4-10-07 850-223-3453 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	