


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90415 010 ****55.00

DOCUMENT # L03000045932																																									
1. Entity Name CRAIG J. JONES ALUMINUM, LLC																																									
2. Principal Place of Business 3143 OLD EDWARDS ROAD FORT PIERCE, FL 34981																																									
3. Mailing Address 3143 OLD EDWARDS ROAD FORT PIERCE, FL 34981																																									
4. City & State City: Fort Pierce, State: FL																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> Chg-LLC <input type="checkbox"/> CR2E083 (10/03)																																									
6. Name and Address of Current Registered Agent JONES, CRAIG J OWNER 3143 OLD EDWARDS ROAD FORT PIERCE, FL 34981																																									
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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, 2004																																									
Make check payable to Florida Department of State																																									
9. MANAGING MEMBERS/MANAGERS																																									
10. ADDITIONS/CHANGES																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"> 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%;"> 12. MGR JONES, CRAIG J OWNER 3143 OLD EDWARDS ROAD FORT PIERCE, FL 34981 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 10%;"> 13. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%;"> 14. </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 15. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> 16. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 17. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> 18. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 19. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> 20. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 21. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> 22. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 23. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td> 24. TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. MGR JONES, CRAIG J OWNER 3143 OLD EDWARDS ROAD FORT PIERCE, FL 34981	<input type="checkbox"/> Delete	13. TITLE NAME STREET ADDRESS CITY-ST-ZIP	14. 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	15. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	16. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	17. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	18. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	19. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	20. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	21. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	22. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	23. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	24. 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: <u>CRAIG J JONES MGR</u> <u>4-13-04</u> <u>772-461-5698</u>																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #																																									