



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90076 017 \*\*\*\*50.00

<b>DOCUMENT # L03000048066</b>					
<b>1. Entity Name</b> GRANT ALUMINUM, LLC					
<b>Principal Place of Business</b> 3916 ALPERT DRIVE ORLANDO, FL 32801			<b>Mailing Address</b> 3916 ALPERT DRIVE ORLANDO, FL 32801		
<b>2. Principal Place of Business</b> 3916 ALPERT DRIVE		<b>3. Mailing Address</b> 3916 ALPERT DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202006    Chg-LLC    CR2E083 (11/05)	
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b> Orlando, FL		<b>4. FEI Number</b> 20-0426086	
<b>Zip</b> 32801		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRANT, WILLIS 3916 ALPERT DRIVE ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> GRANT, WILLIS <b>STREET ADDRESS</b> 3916 ALPERT DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32801	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> GRANT WILLIS <b>STREET ADDRESS</b> 3916 ALPERT DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32801	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> GRANT WILLIS <b>STREET ADDRESS</b> 3916 ALPERT DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32801	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Willis Grant Willis Grant</u>			4-27-06    (407) 641-3269		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		