


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 047 ****50.00

DOCUMENT # L03000048325	
1. Entity Name GREG HERRIN ALUMINUM LLC	

Principal Place of Business 3109 ORLEANS WAY SOUTH APOPKA FL 32703	Mailing Address 3109 ORLEANS WAY SOUTH APOPKA FL 32703
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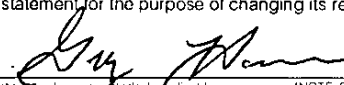
2. Principal Place of Business - No P.O. Box # 646 ACAPULCA WAY	3. Mailing Address 646 ACAPULCA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Altamonte Spgs, FL	City & State Alt. Spgs FL
Zip 32714	Zip 32714
Country Seminole	Country Seminole

4. FEI Number 06-1714370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

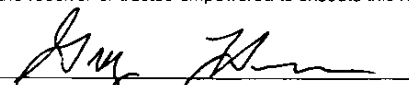
6. Name and Address of Current Registered Agent HERRIN, GREG 3109 ORLEANS WAY SOUTH APOPKA FL 32703	7. Name and Address of New Registered Agent Name: GREG HERRIN Street Address (P.O. Box Number is Not Acceptable): 646 ACAPULCA WAY City: Altamonte Spgs FL Zip Code: 32714
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8. 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:  DATE: 4-25-07

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME HERRIN, GREG <input checked="" type="checkbox"/> Delete	TITLE MGR	NAME GREG HERRIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3109 ORLEANS WAY S	CITY - ST - ZIP APOPKA FL 32703	STREET ADDRESS 646 ACAPULCA WAY	CITY - ST - ZIP ALT. SPGS FL 32714
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	4-25-07 407-341-3574
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>