

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048712

Entity Name: P & J'S ALUMINUM, LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

9125 LIDO LANE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

9125 LIDO LANE  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 16-1688762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS-FRAIZE, DENISE  
16204 DONNEY MOOR LANE  
SPRING HILL, FL 346102810 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POTTER, CHARLES P  
Address: 9125 LIDO LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM ( ) Delete  
Name: POTTER, JOSHUA  
Address: 9125 LIDO LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM ( ) Delete  
Name: MOLNAR, RICHARD  
Address: 9539 JOE STREET  
City-St-Zip: HUDSON, FL 34669

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES P. POTTER

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date