


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90277 001 \*\*\*\*55.00

<b>DOCUMENT # L03000048728</b>			
1. Entity Name CHARLES SITES ALUMINUM, LLC			
Principal Place of Business 10124 SE 136TH LANE BELLEVIEW, FL 34420		Mailing Address 10124 SE 136TH LANE BELLEVIEW, FL 34420	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SWIGERT, BRETT L 531 N. BAY STREET EUSTIS, FL 32726		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



02022004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0472019 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITES, CHARLES M		NAME		
STREET ADDRESS	10124 SE 136TH LANE		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**RECEIVED**  Change  Addition  
**MAR 30 2004**

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.

Charles M. Sites

**SIGNATURE:** *Charles M. Sites*

March 23, 2004 (352) 288-5967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #