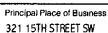
## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000050386 1. Entity Name **ALUMINUM MASTER, LLC**

**FILED** Mar 09, 2007 08:00 AM Secretary of State



NAPLES, FL 34117

SIGNATURE:

Mailing Address

321 15TH STREET SW NAPLES, FL 34117



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 02272007 No Chg-LLC

5. Certificate of Status Desired	\$5.00 Additional Fee Required
20-0531154	 Not Applicab
4. FEI Number	Applied For

6. Name and Address of Current Registered Agent

OSBORNE, LARRY D 9120 CORSEA DEL FONTANA WAY NAPLES, FL 34109

## DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent argusture required when reinstating)	DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		The state of the s	
TITLE	MGRM			
NAME STREET ADDRESS	KENT, GERALD L 321 15TH STREET SW			
CITY-ST-ZIP	NAPLES, FL 34117			
TIRE				
NAME		and the state of the state of the state of		
Street Address City-St-Zip			00000660707	
TITLE			9/07-80011-012_50:00//	
NAME				
STREET ADDRESS		DO NOT	- WDITE	
CITY-ST-ZIP			WRITE	
TITLE		IN THIS	SPACE	
NAME Street Address				
CITY-SI-ZIP				
TITLE				
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME				
STREET ADORESS				
CITY-ST-ZIP				
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 of rustee empowered gives this report as required by Chapter 608, Florida Statutes.				