

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052247

1. Entity Name
PHELPS ALUMINUM & SUPPLY, LLC



Principal Place of Business
**1543 OLD DAYTONA COURT
DELAND, FL 32724 US**

Mailing Address
**1543 OLD DAYTONA COURT
DELAND, FL 32724 US**



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAVELL, JUSTIN A
1543 OLD DAYTONA COURT
DELAND, FL 32724**

**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 signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000505507
04/26/06-80119-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAVELL, R J
1543 OLD DAYTONA COURT
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAVELL, JUSTIN A
1543 OLD DAYTONA COURT
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAVELL, STRA P
1543 OLD DAYTONA COURT
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAVELL, DANIEL S
1543 OLD DAYTONA COURT
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAVELL, PATRICIA G
1543 OLD DAYTONA COURT
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

4/10/06 386-254-623