


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|   |                                      |                |  |  |  |
|---|--------------------------------------|----------------|--|--|--|
| <b>DOCUMENT # L03000054657</b><br>1. Entity Name<br><b>RICKS ALUMINUM, LLC</b>  |                                      |                |  |    |  |
| Principal Place of Business<br><b>1858 LIME TREE DR.<br/>EDGEWATER FL 32141<br/>US</b>  |                                      |                | Mailing Address<br><b>1858 LIME TREE DR.<br/>EDGEWATER FL 32141<br/>US</b>                             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                      |                | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |                                      |                | City & State   |  |  |
| Zip   |                                      | Country        |  | 4. FEI Number <b>05-0592880</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |                                      |                |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARKER, WILLIAM A<br/>1858 LIME TREE DR.<br/>EDGEWATER FL 32141</b>   |                                      |                |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 re-registering) DATE _____  |                                      |                |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>  |                                      |                |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                      |                |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE          | U000000410608 <input type="checkbox"/> Change <input type="checkbox"/> Add<br>02/09/06-80042-012 50.00 |  |  |
| NAME  | PARKER, WILLIAM A                    | NAME           |  |  |  |
| STREET ADDRESS  | 1858 LIME TREE DR.                   | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   | EDGEWATER FL 32141                   | CITY-ST-ZIP    |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |  |
| 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"/> Add   |  |  |
| 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"/> Add   |  |  |
| 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"/> Add   |  |  |
| NAME  |                                      | NAME           |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   |                                      | 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:** *William A. Parker*