


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000057444</b>	
1. Entity Name <b>TOM GOTTBURG ALUMINUM LLC</b>	

Principal Place of Business <b>6323 ALASKA AV. NEW PORT RICHEY, FL 34653 US</b>	Mailing Address <b>6323 ALASKA AV. NEW PORT RICHEY, FL 34653 US</b>
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**DO NOT WRITE IN THIS SPACE**



04102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-0565814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOTTBERG, THOMAS A 6323 ALASKA AV. NEW PORT RICHEY, FL 34653</b>
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTTBERG, PEGGY A 6323 ALASKA AV NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTTBERG, THOMAS A 6323 ALASKA AVENUE NEW PORT RICHEY, FL 34653
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U000000098174  
04/25/08-80076-021 143.75

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:** *Peggy A. Gottberg* MGRM **4-10-08** 727 817 0558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #