


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000000026

1. Entity Name
AMERICAN ALUMINUM LLC



Principal Place of Business
**27902 NW.CR.241
 ALACHUA, FL 32615**

Mailing Address
**P.O. BOX 185
 LA CROSSE, FL 32658**

DO NOT WRITE IN THIS SPACE



03052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
54-2140235

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLS, MICHAEL
 27902 NW.CR.241
 ALACHUA, FL 32615**

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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: Michael Wells Michael Wells 3/04/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WELLS, MICHAEL J
STREET ADDRESS	P.O. BOX 185
CITY-ST- ZIP	LA CROSSE, FL 32658
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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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: Michael Wells Michael Wells 3/04/07 (352) 538-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #