## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90217 026 \*\*\*\*55.00

Date

Daytime Phone #

DOCUMENT # L0400004888  1. Entity Name TIM ALVAREZ ALUMINUM, LLC								04-13-2005 9	0217 026 **	***55.	00	
Principal Plac 3733 LADO ZEPHYRHILL	DRIVE		Mailing Address 3733 LADO DRIVE ZEPHYRHILLS, FL 33543 US					i Boiii Boiki bissi ksii	St (BIG) tû)	<b>23</b> 1   1   1 <b>22</b>		
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072005	Chg-LLC	CR2E083 (1	10/03)			
City & State			City & State			4. FEI Numb	3331463		$\rightarrow$	plied For Applicable		
Zip		Country Zip Cou			itry			e of Status Desired	Fee f	00 Addi Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent												
USACCOUNTING OFFICE, INC. 4815 E BUSCH BLVD						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 113 TAMPA, FL 33617					4890	2/1	Z81 1	KENNEDY	BLVD	#6	40	
$\mathcal{A}\mathcal{A}\mathcal{A}$						איצוא	<del>y</del>	No. 10 No. Occasion of City	FL (	<u> 33 c</u>	509	
8. The above named entity submits this submits this submits 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 third name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											and accept	
THAT I WASHINGTON THE RESIDENCE OF THE PROPERTY OF THE PROPERT												
Filing Fee is \$50.00 Due by May 1, 2005									check payab Department o			
9.		MANAGING MEMBER	IS/MANAGERS	10.				ADDITIONS/	CHANGES			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.												