2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L04000008150 02-06-2006 90177 021 ****50.00 1. Entity Name LOU'S ALUMINUM LLC Principal Place of Business Mailing Address 1845 8TH AVE SW 1845 8TH AVE SW VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 58-2683819 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EASTERWOOD, LEWIS G Street Address (P.O. Box Number is Not Acceptable) 1845 8TH AVE SW VERO BEACH FL 32962 City 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 Easterwood 0 O (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MAddition TITLE MGRM ☐ Delete TITLE ☐ Change Laurie East NAME EASTERWOOD, LEWIS G NAME 1845 8th 1240, S.W. STREET ADDRESS STREET ADDRESS 1845 8TH AVE SW CITY-ST-7IE CITY-ST-7/P 32962 VERO BEACH FL 32962 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-78 TITLE ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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: Lewis Easterwood

FILED

Feb 06, 2006 8:00 am

22/06 722-218-4699