



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90096 019 ****50.00

DOCUMENT # L04000009859 1. Entity Name AUSSEWOOD USA, LLC					
Principal Place of Business 1069 N. CYPRESS POINT DRIVE VENICE, FL 34293				Mailing Address P.O. BOX 1133 VENICE, FL 34284	
2. Principal Place of Business 6480 METROWEST BLVD Suite, Apt. #, etc. # 914		3. Mailing Address 6480 METROWEST BLVD Suite, Apt. #, etc. #914		20045182 	
City & State ORLANDO, FL		City & State ORLANDO, FL		03212005 Chg-LLC CR2E083 (10/03)	
Zip 32835		Country USA		4. FEI Number 20-0624664	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEBLEY, GENE L 1069 N. CYPRESS POINT DRIVE VENICE, FL 34293				7. Name and Address of New Registered Agent Name STEBLEY, GENE L Street Address (P.O. Box Number is Not Acceptable) 6480 METROWEST BLVD #914 City ORLANDO FL Zip Code 32835	
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 <u><i>Gene L. Stebley</i></u> DATE <u>4/22/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEBLEY, GENE L 1069 N. CYPRESS POINT DRIVE VENICE, FL 34293 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6480 METROWEST BLVD #914 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILDRETH, DONALD 1249 N. CEDAR STREET GLENDALE, CA 91207 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHMIEL, ANTHONY 411 CRESTWOOD DRIVE ARTHUR, IL 61911 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Gene L. Stebley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>4/22/2005</u> <u>407-573-3672</u> <small>Date Daytime Phone #</small>	