


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90041 043 ****55.00

| | |
|---|---|
| DOCUMENT # L04000012061 1. Entity Name RL ALUMINUM LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 2710 SE 179TH AVE SILVER SPRINGS, FL 34488 | Mailing Address 2710 SE 179TH AVE SILVER SPRINGS, FL 34488 |
|--|--|

DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC

CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

BEARD, R.L.
2710 SE 179TH AVE
SILVER SPRINGS, FL 34488

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEARD, R.L. 2710 SE 179TH AVE SILVER SPRINGS, FL 34488 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEARD, CAROLYN 2710 SE 179TH AVE SILVER SPRINGS, FL 34488 |
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**DO NOT WRITE
IN THIS SPACE**

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:

R. L. Beard

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

1-13-06 3526257202

Date

Daytime Phone #