


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90136 042 ****50.00

DOCUMENT # L04000023261

1. Entity Name
ALUMINUM BY DESIGN, LLC



Principal Place of Business
~~2420-6 CONCORDE DRIVE~~
 FORT MYERS, FL 33901

Mailing Address
 P.O. BOX 07093
 FORT MYERS, FL 33919



2. Principal Place of Business
3800 Fowler St.
 Suite, Apt. #, etc.
Unit 3#

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Fort Myers, FL.

City & State

Zip
33901

Country
USA

02222006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

MINOR, DEBORAH J.
~~2420-6 CONCORDE DRIVE~~
 FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Minor, Deborah J.

Street Address (P.O. Box Number is Not Acceptable)
3800-3 Fowler Street

City
Fort Myers, FL

Zip Code
33901

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 *Deborah J. Minor* MGRM / *Deborah J. Minor* DATE **2-23-06**

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINOR, STEVEN L 2420-6 CONCORDE DRIVE FORT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINOR, DEBORAH J 2420-6 CONCORDE DRIVE FORT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM minor, Steven L. 3800-3 Fowler Street FORT MYERS, FL. 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM minor, Deborah J. 3800-3 Fowler Street FORT MYERS, FL. 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Deborah J. Minor* MGRM / *Deborah J. Minor* DATE **2-23-06** (239) 461-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #