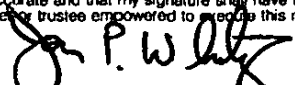


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Jul 14, 2006 8:00 am
Secretary of State

06-28-2006 90096 005 ****50.00

DOCUMENT # L04000042240		
1. Entity Name U.S. TRIM & STEEL PRODUCTS, LLC		
Principal Place of Business 1726 KINGSLEY AVENUE SUITE 17 ORANGE PARK, FL 32073		Mailing Address 9951 Atlantic Blvd. 1726 KINGSLEY AVENUE SUITE 17 ORANGE PARK, FL 32073 JACKSONVILLE, FL 32225
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SUGGS, EUGENE R JR. 1726 KINGSLEY AVENUE SUITE 17 ORANGE PARK, FL 32073		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUGGS, EUGENE R JR. 1726 KINGSLEY AVENUE, STE. 17 ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDINO, JOSE R 3330 NW 48TH ST. MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCACCIAOCE, DANTE 3330 NW 48TH ST. MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHALEY, JONATHAN P 12852 ISLEWORTH DRIVE JACKSONVILLE, FL 322254752	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 prepare this report as required by Chapter 608, Florida Statutes. SIGNATURE:  7-11-06 (904) 722-9363 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		