


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90111 048 \*\*\*\*55.00

<b>DOCUMENT # L04000042240</b>	
1. Entity Name <b>U.S. TRIM &amp; STEEL PRODUCTS, LLC</b>	

Principal Place of Business <b>9951 ATLANTIC BLVD STE 309 JACKSONVILLE, FL 32225</b>	Mailing Address <b>9951 ATLANTIC BLVD STE 309 JACKSONVILLE, FL 32225</b>
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60013653



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1193476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SUGGS, EUGENE R JR. 1726 KINGSLEY AVENUE SUITE 17 ORANGE PARK, FL 32073</b>	
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7. Name and Address of New Registered Agent Name <b>WENDY SERRENTINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9951 ATLANTIC Blvd #309</b> <b>Jacksonville</b> City <b>FL</b> Zip Code <b>32225</b>	
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 <b>Wendy Serrentino</b> DATE <b>1/31/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUGGS, EUGENE R JR. 1726 KINGSLEY AVENUE, STE. 17 ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Continuous Coating International 9951 Atlantic Blvd #309 Jacksonville, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDINO, JOSE R 3330 NW 48TH ST. MIAMI, FL 33142 <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	MGRM SCACCIAOCE, DANTE 3330 NW 48TH ST. MIAMI, FL 33142 <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	MGRM WHALEY, JONATHAN P 12852 ISLEWORTH DRIVE JACKSONVILLE, FL 322254752 <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	<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 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. <b>SIGNATURE: [Signature]</b> DATE <b>1/31/07</b> DAYTIME PHONE # <b>904-264-0108</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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