2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051072 02-07-2005 90282 029 ****50.00 1. Entity Name S&H ALUMINUM, LLC Principal Place of Business Mailing Address 22007 DEER POINT CROSSING 22007 DEER POINT CROSSING BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 370997 20-l Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHMID, ANN 22007 DÉER POINT CROSSING Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34202 Zip Code 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, 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE Oelete ☐ Change ☐ Addition SCHMID, ANN NAME NAME STREET ADDRESS 22007 DEER POINT CROSSING STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME HARAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or true to empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone ∉

FILED Feb 07, 2005 8:00 am

Secretary of State