


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90085 002 \*\*\*\*55.00

<b>DOCUMENT # L04000051820</b> 1. Entity Name <b>A1 STEEL CONSTRUCTION, LLC</b>					
Principal Place of Business <b>302 NW 148TH TERRACE NEWBERRY, FL 32669 US</b>			Mailing Address <b>302 NW 148TH TERRACE NEWBERRY, FL 32669 US</b>		
2. Principal Place of Business <b>415 NE 1st Ave</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>415 NE 1st Ave</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Trenton FL 32693</b>		City & State <b>Trenton FL</b>		4. FEI Number <b>34-2004468</b>	
Zip <b>32693</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WEIHE, ROSE M 302 NW 148TH TERRACE NEWBERRY, FL 32669</b>			7. Name and Address of New Registered Agent Name <b>Georgina Hassell</b> Street Address (P.O. Box Number is Not Acceptable) <b>415 NE 1st Ave</b> City <b>Trenton</b> <b>FL</b> Zip Code <b>32693</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 <u><i>Georgina Hassell</i></u> DATE <u>7/31/06</u> <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 September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BOWMAN, CLAUDE R 415 NE 1ST AVENUE TRENTON, FL 32693</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/31/06</u> Daytime Phone # <u>(352) 363-0200</u>		