

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

05-23-2005 90376 043 ****55.00

DOCUMENT # L04000058352					
1. Entity Name LION STEEL, LLC					
Principal Place of Business 7358 NW 47TH PLACE LAUDERHILL, FL 33319			Mailing Address 7358 NW 47TH PLACE LAUDERHILL, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1492245			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HUDSON, SHELAH 7358 NW 47TH PLACE LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE President <input type="checkbox"/> Delete	NAME Shelah Hudson		TITLE MEMBER - President <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Shelah Hudson	
STREET ADDRESS 7358 NW 47th Pl Laudhill FL 33319	CITY-ST-ZIP		STREET ADDRESS 7358 N.W. 47 PL Laudhill FL 33319	CITY-ST-ZIP	
TITLE Vice President <input type="checkbox"/> Delete	NAME Leon Adeley Fletcher		TITLE MANAGER - Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Leon Adeley Fletcher	
STREET ADDRESS 7358 N.W. 47 PL Laudhill, FL	CITY-ST-ZIP		STREET ADDRESS 7358 N.W. 47 PL Laudhill FL 33319	CITY-ST-ZIP	
TITLE _____ <input type="checkbox"/> Delete	NAME _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP		STREET ADDRESS _____	CITY-ST-ZIP	
TITLE _____ <input type="checkbox"/> Delete	NAME _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP		STREET ADDRESS _____	CITY-ST-ZIP	
TITLE _____ <input type="checkbox"/> Delete	NAME _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP		STREET ADDRESS _____	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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Shelah May Hudson</u>			<u>5/16/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		