


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90029 025 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                     |                          |                                                                                                                                                |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000061965</b><br>1. Entity Name<br><b>WAYNE BARRYHILL STEEL SERVICE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                     |                          |                                                               |                                                                   |
| Principal Place of Business<br><b>3202 CR 431 S</b><br><b>LAKE PANASOFFKEE FL 33538</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                     |                          | Mailing Address<br><b>3202 CR 431 S</b><br><b>LAKE PANASOFFKEE FL 33538</b>                                                                    |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | 3. Mailing Address  |                          |                                                                                                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | Suite, Apt. #, etc. |                          |                                                                                                                                                |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | City & State        |                          |                                                                                                                                                |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country<br><i>Sumter</i>                                                                          | Zip                 | Country<br><i>Sumter</i> | 4. FEI Number<br><b>37-1494646</b>                                                                                                             |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                     |                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b><br>7. Name and Address of New Registered Agent |                                                                   |
| <b>BARRYHILL, WAYNE</b><br><b>3202 CR 431 S</b><br><b>LAKE PANASOFFKEE FL 33538</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                     |                          | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                             |                                                                   |
| 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.                                                                                                                                                                                                                                                                                 |                                                                                                   |                     |                          | FL Zip Code                                                                                                                                    |                                                                   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                     |                          |                                                                                                                                                |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   |                     |                          |                                                                                                                                                |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                     |                          | 10. ADDITIONS/CHANGES                                                                                                                          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM</b><br><b>BARRYHILL, WAYNE</b><br><b>3202 CR 431 S</b><br><b>LAKE PNASOFFKEE FL 33538</b> |                     |                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     |                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     |                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     |                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     |                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     |                          | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                   |                     |                          |                                                                                                                                                |                                                                   |
| <b>SIGNATURE:</b> <i>Wayne Barryhill</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                     |                          |                                                                                                                                                |                                                                   |