

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064483

Entity Name: EVERYTHING ALUMINUM, LLC

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 542002  
LAKE WORTH, FL 33454

## New Principal Place of Business:

615-3 WHITNEY AVE  
LANTANA, FL 33462

## Current Mailing Address:

P.O. BOX 542002  
LAKE WORTH, FL 33454

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUCKWORTH, CLIFTON D  
CLIFTON DALE DUCKWORTH  
11656 BALD CYPRESS LANE  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

DUCKWORTH, CLIFTON D  
CLIFTON DALE DUCKWORTH  
615-3 WHITNEY AVE.  
LANTANA, FL 33462 US

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.

SIGNATURE:

01/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DUCKWORTH, CLIFTON D  
Address: P.O. BOX 542002  
City-St-Zip: LAKE WORTH, FL 33454

Title: MGRM ( ) Delete  
Name: DUCKWORTH, CLIFTON W  
Address: P.O. BOX 542002  
City-St-Zip: LAKE WORTH, FL 33454

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFTON W. DUCKWORTH

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date