

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072544

Entity Name: DESIGN ALUMINUN LLC

FILED  
May 07, 2005  
Secretary of State

**Current Principal Place of Business:**

640 N. TROPICAL TRL.  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

640 N. TROPICAL TRL.  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 52-0663137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RICE, TIMOTHY R  
640 N. TROPICAL TRL.  
MERRITT ISLAND, FL 32953      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: RICE, TIMOTHY R  
Address: 640 N. TROPICAL TRL.  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: TIM RICE

MNGR

05/07/2005

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