2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2005-90012-028-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Entity Name
ULTRA ALUMINUM LLC

Principal Place of Business	Mailing Address
13342 MEERGATE CIR ORLANDO, FL 32837	13342 MEERGATE CIR ORLANDO, FL 32837

2. Principal Place of Business	3. Mailing Address
799 WOLF CREEK ST.	799 WOLF CREEK ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34711 Country: LAKE	Zip: 34711 Country: LAKE

08032005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 43-2065423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUZ, ANNE M 13342 MEERGATE CIR ORLANDO, FL 32837	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MM NAME ANNE M. CRUZ STREET ADDRESS 799 WOLF CREEK ST. CITY-ST-ZIP CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 2005	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Anne Cruz ANNE M. CRUZ 8/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #