


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90024 015 \*\*\*\*50.00


<b>DOCUMENT # L04000086907</b>	
1. Entity Name <b>DIMENSIONAL COPPER, LLC</b>	

Principal Place of Business <b>26214 BAIRD AVENUE MOUNT PLYMOUTH FL 32776</b>	Mailing Address <b>26214 BAIRD AVENUE MOUNT PLYMOUTH FL 32776</b>
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2. Principal Place of Business <b>SAME AS ABOVE</b>	3. Mailing Address <b>SAME AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country <b>LAKE</b>	Zip	Country <b>LAKE</b>
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1st MOORE	CR2E083 (10/04)
4. FEI Number <b>20-2070697</b>	Applied For <input type="checkbox"/> Not Applicable

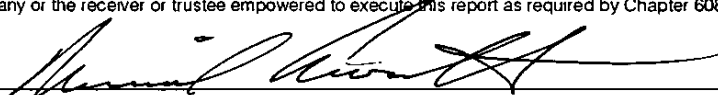
6. Name and Address of Current Registered Agent <b>AWALT, MICHAEL J 26214 BAIRD AVENUE MOUNT PLYMOUTH FL 32776</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 <b>2/18/05</b>
Signature, typed or printed name of registered person and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2005</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AWALT, MICHAEL J 26214 BAIRD AVENUE MOUNT PLYMOUTH FL 32776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE <b>2/18/05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	