

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001884

FILED
Apr 29, 2008
Secretary of State

Entity Name: ADVANCED METAL WORKS, LLC

Current Principal Place of Business:

19925 S.E. HAWTHORNE RD.
BLDG B.
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47
EARLETON, FL 32631

New Mailing Address:

FEI Number: 20-2133084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGGS METAL WORKS, L.L.C.
19925 S. E. HAWTHORNE RD.
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

BEGGS, JODY B MGR
19925 SE HAWTHORNE ROAD
BUILDING B
HAWTHORNE, FL 32640 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: JODY BEGGS

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALKO, LANCE G
Address: 12910 NW 140TH STREET
City-St-Zip: ALACHUA, FL 32615

Title: MGR () Delete
Name: BEGGS, JODY B
Address: P. O. BOX 47
City-St-Zip: EARLETON, FL 32631 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: WALKO, KEITH T
Address: PO BOX 47
City-St-Zip: EARLETON, FL 32631

I hereby certify that the information supplied with this filing does not qualify 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: JODY BEGGS

MGR

04/29/2008

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