


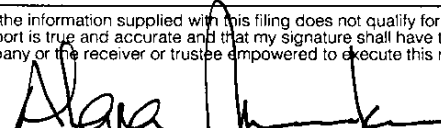
**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90268 004 \*\*\*\*50.00

**20019947**



|  |  |     |   |   |  |
|--|--|-----|---|---|--|
| <b>DOCUMENT # L05000028399</b>   |  |     |   |                |  |
| 1. Entity Name<br><b>MARKUS STEEL, LLC.</b>  |  |     |   |   |  |
| Principal Place of Business<br><b>1250 N.W. 23RD AVENUE<br/>FORT LAUDERDALE, FL 33311</b>  |  |     | Mailing Address<br><b>1250 N.W. 23RD AVENUE<br/>FORT LAUDERDALE, FL 33311</b> |   |  |
| 2. Principal Place of Business   |  |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |     | Suite, Apt. #, etc.   |   |  |
| City & State   |  |     | City & State  |   |  |
| Zip  | Country  | Zip | Country   | 4. FEI Number<br><b>43-2087624</b>  |  |
|  |  |     |   | Applied For<br>Not Applicable   |  |
|  |  |     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>PALMER, ANTHONY E<br/>5353 NORTH FEDERAL HIGHWAY, SUITE 303<br/>VALDINI &amp; PALMER, P.A.<br/>FORT LAUDERDALE, FL 33308</b>   |  |     |   | 7. Name and Address of New Registered Agent   |  |
|  |  |     |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |     |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |     | <b>Make check payable to<br/>Florida Department of State</b>                  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MARKUS, GLENN<br>1250 N.W. 23RD AVENUE<br>FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  |     | 03-16-06 954-868-3427   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |     | Date Daytime Phone #  |   |  |