


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000042009 1. Entity Name TRUEDESIGN MISCELLANEOUS STEEL, LLC	
--	---

Principal Place of Business PO BOX 216 CRYSTAL SPRINGS, FL 33524	Mailing Address PO BOX 216 CRYSTAL SPRINGS, FL 33524
--	--

DO NOT WRITE IN THIS SPACE



02262008No Chg-LLC CR2E083 (12/07)

4. FEI Number 71-0983315	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TRUEBLOOD, WILLIAM E 1424 HAWTHORNE AVE. ZEPHYRHILLS, FL 33540

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of being a registered office or registered agent 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000843720
03/12/08-80006-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUEBLOOD, WILLIAM E PO BOX 216 CRYSTAL SPRINGS, FL 33524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William E. Trueblood William E. TRUEBLOOD 2/26/08 813-780-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #