


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90044 020 \*\*\*\*50.00

<b>DOCUMENT # L05000061071</b> 1. Entity Name <b>SOUTHEAST STEEL ASSEMBLERS LLC</b>					
Principal Place of Business <b>1340 HWY 17 NORTH WAUCHULA, FL 33873</b>			Mailing Address <b>1340 HWY 17 NORTH WAUCHULA, FL 33873</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 <b>20-3020494</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JUDY, ED 673 HART LAKE DR WINTER HAVEN, FL 33884</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>ED Judy</i></u> <b>ED Judy</b> <span style="float: right;"><b>7-07-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GINAS, JIM 5330 LAKE BLUFF TERRACE SANFORD, FL 32771</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HAAKINSON, SAM 5961 13TH AVE N ST PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JUDY, ED 673 HART LAKE DR WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERCZY, LES 33501 CR44-B EUSTIS, FL 32736</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WATT, WARREN 5831 GOLDEN ROAD SEBRING, FL 33875</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VAN DUSEN, PHILLIP 11311 LAKE KATHERINE CIRCLE CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>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.</b> </div> <div> <b>SIGNATURE:</b> <u><i>ED Judy</i></u> <b>ED Judy</b> <span style="float: right;"><b>7-07-06</b></span>  <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> </div>				