
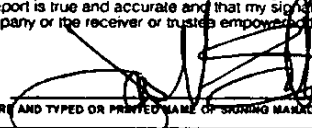


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90221 018 \*\*\*138.75

60024333

<b>DOCUMENT # L05000089454</b>			
1. Entity Name JHS ALUMINUM STRUCTURES, LLC			
Principal Place of Business <del>3521 PERDIDO LAKE RD CANTONMENT, FL 32533</del>		Mailing Address <del>3521 PERDIDO LAKE RD CANTONMENT, FL 32533</del>	
2. Principal Place of Business - No P.O. Box # 3854 LANE RD.		3. Mailing Address 3854 LANE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PAGE, FL		City & State PAGE, FL	
Zip 32571		Country SANTA ROSA	
4. FEI Number 51-0552330		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03112008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SULLIVAN, JAMES H 3521 PERDIDO LAKE RD CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
3854 LANE ROAD PAGE, FL 32571			
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 _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, JAMES H <del>3521 PERDIDO LAKE RD CANTONMENT, FL 32533</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES H. SULLIVAN 3854 LANE ROAD PAGE, FL 32571 <input checked="" 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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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
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: 		JAMES H. SULLIVAN 5/14/08 850-529-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	