2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

DOCUMENT # L05000090876 07 SEP 21 PM 12: 38 1. Entity Name JAMÉS L. WILSON - SEABREEZE ALUMINUM LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 6591 NW HWY 316 P.O. BOX 1009 FAIRFIELD, FL 32634 REDDICK, FL 32634 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09052007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FFI Number Applied For Not Applicable Žip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, JAMES L Street Address (P.O. Box Number is Not Acceptable) 6591 NW_HWY_316 REDDICK, FL 32634 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change Addition Delete TITLE NAME WILSON, JAMES L 600109657256 09/19/07--01042--003 **5 STREET ADORESS 6591 NW HWY 316 STREET ADDRESS REDDICK, FL. 32634 CITY-ST ZIP .nn CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIF CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MARKE NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF Change Addition ☐ Delota TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED