


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 029 ****50.00

DOCUMENT # L05000093018	
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1. Entity Name TARPON ALUMINUM LLC	Principal Place of Business 319 W. MARTIN LUTHER KING DR TARPON SPRINGS, FL 34689	Mailing Address 319 W. MARTIN LUTHER KING DR TARPON SPRINGS, FL 34689
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2. Principal Place of Business HOME	3. Mailing Address 319 W. M. L. King Jr. Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tarpon Springs 34689	Country	City & State Florida	Zip	Country
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20045689



01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 93-0439515	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEARD, RODDY W 319 W. MARTIN LUTHER KING DR. TARPON SPRINGS, FL 34689	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	<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARD, RODDY W 319 W. MARTIN LUTHER KING DR TARPON SPRINGS, FL 34689 <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	<p>Did not receive notice of payment due for this new company for an annual report.</p> <p>Enclosed is a check for \$50.00 ck # 1436</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:		Date 5/10/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>

11-23-2005 TARP 0 0537524639 SS-4

ATTACHMENT
20045689
#L05000093018



CP 575 E (Rev. 1-2005)

0537524639

DATE OF THIS NOTICE: 11-23-2005
EMPLOYER IDENTIFICATION NUMBER: 83-0439515
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

TARPON ALUMINUM LLC
HEARD RODDY SOLE MBR
319 W MARTIN LUTHER KING DR
TARPON SPRINGS FL 34689