2006 Limited LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED		
DOCUMENT # L05000103763 1. Entity Name STEEL L.L.C.				2006 JAN 31 PM Quantiti DORFI ALLAHASSEE, F		
Principal Place of Business		Mailing Address				
6422 EVA ST. MILTON FL 32570		6422 EVA ST. MILTON FL 32570				
2. Principal Place of Business		3. Mailing Address		1 11.11.11 11 11.11.11 11.11 11.11 11.11 11.11 11.11	4.24 (12.0 42)22 (100 (20)5 2002 (1)22) M (22)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)	
City & State .		City & State		4. FEI Number 51-0560613	Applied For Not Applicable	
. Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			None	7. Name and Address of New R	egistered Agent	
BUSINESS FILINGS INCORPORATED			Name			
120	3 GOVERNOR'S SQUARE B TE 101			P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32301-2960		City		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 Signature. Would or privited name of registered agent and title if applicable. (NOTE: Registered Agent/Signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006						
9.	MANAGING MEMBE		10.	ADDITIONS/		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, PAUL 6422 EVA ST. MILTON FL 32570	∟ delete	NAME STREET ADDRESS CITY-ST-ZIP	Y	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CJTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.						