


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90068 043 \*\*\*\*\*50.00


<b>DOCUMENT # L06000037728</b>	
1. Entity Name <b>MASTER ALUMINUM, L.L.C.</b>	

Principal Place of Business <b>1930 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655</b>	Mailing Address <b>1930 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655</b>
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2. Principal Place of Business - No P.O. Box # <b>2539 Shipston Avenue</b>	3. Mailing Address <b>2539 Shipston Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NEW Port Richey FL</b>	City & State <b>NEW Port Richey, FL</b>
Zip <b>34655</b>	Country <b>PASCO</b>

00019010



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>06-1775501</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BURKE, DAVID F 1930 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BURKE, DAVID F 1930 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655</b> <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
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:  4-26-07 777-236-5713