

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042516

FILED
Apr 24, 2007
Secretary of State

Entity Name: ICON ALUMINUM PRODUCTS, LLC

Current Principal Place of Business:

40 IXORA WAY
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

40 IXORA WAY
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIMMEL, JAMES A
40 IXORA WAY
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

GRIFFIE, ROSALIN A
40 IXORA WAY
OCEAN RIDGE, FL 33435 US

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.

SIGNATURE: ROSALIN GRIFFIE

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIMMEL, JAMES A
Address: 40 IXORA WAY
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: MGRM (X) Delete
Name: HIMMEL, JOANNE C
Address: 40 IXORA WAY
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: VP (X) Delete
Name: QUINN, DOUGLAS
Address: 40 IXORA WAY
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRIFFIE, ROSALIN
Address: 40 IXORA WAY
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSALIN GRIFFIE

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date