2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AF
Secretary of State

ANNUAL REPORT			Jan 28, 2008 08:0	
1. Entity Nan		97: ,		Secretary of S
AEICOR	METAL PRODUCTS, LLC	· 		
Principal Place of Business 450 WEST MCNAB FORT LAUDERDALE, FL 33309 Mailing Address 3473 SATELLITE BLVD., STE. DULUTH, GA 30096		211		
				01112008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Re	-t-4- and & and	,	5. Certificate of Status Desired Fee Required
CURLEY, CHARLES R JR. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207				DO NOT WRITE IN THIS SPACE
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 bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS	/MANAGERS		
NAME, STREET ADDRESS				
TITLE NAME STREET ADDRESS	FORT LAUDERDALE, FL 33309			U00000799654 01/30/08-80077-013 138.75
TITLE NAME STREET ADDRESS				DO NOT MIDITE
CITY-SI-ZIP TITLE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME			1	
STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS				

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-24-08

770-813-0090

Daytime

Date

Daytime Phone #