


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90275 029 ****50.00

DOCUMENT # L06000074465 1. Entity Name STEEL BUILDING SYSTEMS, LLC					
Principal Place of Business 14512 COUNTY ROAD 561A CLERMONT, FL 34715-8789 US			Mailing Address P.O. BOX 121761 CLERMONT, FL 34712 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-5281030	
				Applied For 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		
MOFFITT, MARGARET S 20005 N. HIGHWAY 27 CLERMONT, FL 34715			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOD, DAVID B		NAME		
STREET ADDRESS	1510 BERKSHIRE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WESTER, BRIAN L		NAME	DOYLE J. BATTEN	
STREET ADDRESS	10510 CEDAR FORREST CIRCLE		STREET ADDRESS	102 GLEN ABBEY LANE	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	LINDA K. TOOTLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOOTLE, LINDA K		NAME		
STREET ADDRESS	1804 MOSHER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEAN, TISHA M		NAME	PAUL A. NEWMAN	
STREET ADDRESS	4220 KIRKMAN ROAD, APT. 1208		STREET ADDRESS	958 LAUVRE COURT	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFITT, ROBERT J		NAME		
STREET ADDRESS	20005 N. HIGHWAY 27		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34715		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFITT, MARGARET S		NAME		
STREET ADDRESS	20005 N. HIGHWAY 27		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34715		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: <u>DAVID B. HOOD</u> 24 JANUARY 2007 907-277-6032					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					