
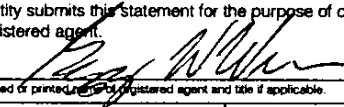
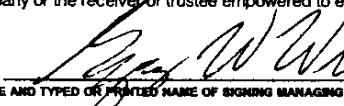


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90179 038 ****50.00

DOCUMENT # L06000088801 1. Entity Name REEL STEEL, LLC			
Principal Place of Business 311 W LAMBRIGHT ST TAMPA, FL 33604		Mailing Address 311 W LAMBRIGHT ST TAMPA, FL 33604	
2. Principal Place of Business - No P.O. Box # 2725 N Essex Ct Suite, Apt. #, etc.		3. Mailing Address 2725 N Essex Ct Suite, Apt. #, etc.	
City & State Tampa, FL Zip 33602		City & State Tampa, FL Zip 33602	
Country USA		Country USA	
4. FEI Number 02202007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEAVER, GREGORY 311 W LAMBRIGHT ST TAMPA, FL 33604		7. Name and Address of New Registered Agent Name Gregory Weaver Street Address (P.O. Box Number is Not Acceptable) 2725 N Essex Ct City Tampa FL Zip Code 33602	
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  Gregory W Weaver 4-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNCH, CARL JR	NAME	
STREET ADDRESS	3726 AVOCADO DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33770	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	William Weaver MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, WILLIAM	NAME	2725 N Essex Ct
STREET ADDRESS	311 W LAMBRIGHT ST	STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Gregory Weaver MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, GREGORY	NAME	2725 N Essex Ct
STREET ADDRESS	311 W LAMBRIGHT ST	STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  Gregory W Weaver 4-10-07 813-226-4269 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-10-07 Daytime Phone # 813-226-4269	