



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 018 ****50.00

DOCUMENT # L06000107242 1. Entity Name SOUTHERN TRADITIONS STEEL L.L.C.					
Principal Place of Business 1241 HOMELAND GARFIELD RD. BARTOW, FL 33830			Mailing Address P.O. BOX 199 HOMELAND, FL 33847		
2. Principal Place of Business - No P.O. Box # 1956 Foxhollow Dr. E.		3. Mailing Address P. O. Box 1534			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Auburndale, FL		City & State Bartow, FL			
Zip 33823		Country USA		4. FEI Number 77-0668854	
33823		33831-1534		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, DAVID R 1241 HOMELAND GARFIELD RD. BARTOW, FL 33830		7. Name and Address of New Registered Agent Name David R. Wilson Street Address (P.O. Box Number is Not Acceptable) 1956 Foxhollow Dr. E. City Auburndale FL Zip Code 33823			
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 <u><i>David R. Wilson</i></u> 7-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, DAVID R 1241 HOMELAND GARFIELD RD. BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wilson, David R. 1956 Foxhollow Dr. E. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wilson, Jodi L. 1956 Foxhollow Dr. E. Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Twitchell, Stephanie M. 1404 Hidden Creek Lane Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Twitchell, Stephanie M. 1404 Hidden Creek Lane Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Twitchell, Stephanie M. 1404 Hidden Creek Lane Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Twitchell, Stephanie M. 1404 Hidden Creek Lane Winter Haven, FL 33880	<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: <u><i>David R. Wilson</i></u> 7-23-07 (863) 412-6151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					