

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120301

FILED
Mar 13, 2007
Secretary of State

Entity Name: NATIONAL STEEL RULE COMPANY OF FLORIDA LLC

Current Principal Place of Business:

2770 NORTH BEACH ROAD, UNIT A-1
ENGLEWOOD, FL 34223

New Principal Place of Business:

2770 NORTH BEACH ROAD
UNIT 101
ENGLEWOOD, FL 34223 90

Current Mailing Address:

2770 NORTH BEACH ROAD, UNIT A-1
ENGLEWOOD, FL 34223

New Mailing Address:

2770 NORTH BEACH ROAD
UNIT 101
ENGLEWOOD, FL 34223 90

FEI Number: 02-0798540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIALOGLOW, JOSEPH
2770 NORTH BEACH ROAD, UNIT A-1
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BIALOGLOW, JOSEPH
2770 NORTH BEACH ROAD
UNIT 101
ENGLEWOOD, FL 34223 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:

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: BIALOGLOW, JOSEPH
Address: 2770 NORTH BEACH ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: MM () Change (X) Addition
Name: MUCCI, EDMUND
Address: 1460 SOUTH OCEAN BOULEVARD
City-St-Zip: LAUTERDALE-BY-THE-SEA, FL 33062

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: JOSEPH BIALOGLOW

MM

03/13/2007

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