
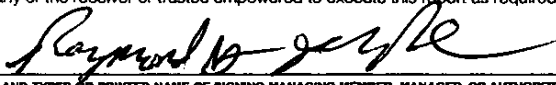


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90076 007 ***138.75

DOCUMENT # L07000025229 1. Entity Name JESKE ALUMINUM L.L.C.			
Principal Place of Business 3159 N.E. STATE ROAD 47 HIGH SPRINGS, FL 32643		Mailing Address P.O. BOX 1045 HIGH SPRINGS, FL 32655	
2. Principal Place of Business - No P.O. Box # 8159 NE State Road 47		3. Mailing Address 8159 NE State Road 47	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIGH SPRINGS, FL		City & State HIGH SPRINGS FL	
Zip 32643	Country USA	Zip 32643	Country USA
6. Name and Address of Current Registered Agent JESKE, RAYMOND HANS 8159 N.E. STATE ROAD 47 HIGH SPRINGS, FL 32643		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	NAME JESKE, RAYMOND HANS	<input type="checkbox"/> Delete	
STREET ADDRESS 8159 N.E. STATE RD 47	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP HIGH SPRINGS, FL 32643	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		2/25/08 386-433-6214	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	