

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094459

FILED
Jan 06, 2009
Secretary of State

Entity Name: BZR STEEL, LLC

Current Principal Place of Business:

1621 DOG TRACK RD.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1621 DOG TRACK RD.
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 26-1076663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KHAN, ZAHID
5560 WILLARD NORRIS RD.
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, BENJAMIN
Address: 5345 YELLOW BLUFF ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: KHAN, ZAHID
Address: 5560 WILLARD NORRIS RD
City-St-Zip: MILTON, FL 32570

Title: MGRM (X) Delete
Name: MELVIN, RODNEY
Address: 33012 JUNIPER RD
City-St-Zip: SEMINOLE, AL 36574

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KHAN, ZAHID
Address: 5560 WILLARD NORRIS RD
City-St-Zip: MILTON, FL 32570

Title: MGRM (X) Change () Addition
Name: MELVIN, RODNEY
Address: 33012 JUNIPER RD
City-St-Zip: SEMINOLE, AL 36574

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ZAHID KHAN

MGRM

01/06/2009

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