2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-24-2008 90018 013 ***138.75

DOCUMENT # L07000098192

1. Entity Name
FLORIDA STEEL BUILDINGS, LLC

Principal Place of Business	Mailing Address
2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 33765 US	2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 33765 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2110 SW 7th Ave	2110 SW 7th Ave
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: 103
City & State: Ocala FL	City & State: Ocala FL
Zip: 34471 Country: US	Zip: 34471 Country: US

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 22-3974354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LITTLE, THOMAS C 2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TILLANDER, ROBERT M 2123 N.E. COACHMAN ROAD, SUITE A CLEARWATER, FL 33765	☐ Delete	MGMR Tillander, Robert 8075 SE 15th Ct Ocala FL 34480	☑ Change	☐ Addition
		☐ Delete	member Darlene Pixley 8075 SE 15th Ct Ocala FL 34480	☐ Change	☑ Addition
		☐ Delete	managing Member Darlene Pixley 8075 SE 15th Ct Ocala FL 34480	☐ Change	☑ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ 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: _____ 4/8/08 352-789-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #