

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


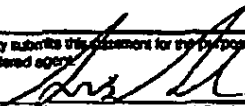
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**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L96000000591</b>			
1. Entity Name <b>ALLSTEEL PROCESSING, L.C.</b>			
Principal Place of Business 1250 N.W. 23RD AVENUE FORT LAUDERDALE, FL 33311		Mailing Address 1250 N.W. 23RD AVENUE FORT LAUDERDALE, FL 33311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 62-1641811		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PALMER, ANTHONY VALDINI, PALMER &amp; HALE PA 6353 N FEDERAL HWY, STE 303 FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent Name <b>Lisa Robinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>Valdini - Palmer P.A. 5353 N. Federal Hwy, Suite 303</b> City <b>Ft Lauderdale</b> FL Zip Code <b>33308</b>	
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: <b>MARCH 8th 2004</b>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARK GADA MANAGEMENT, L.C. 2300 BARCELONA DRIVE FT LAUDERDALE, FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ABBOTT, CHARLES R 14150 S.W. 26TH COURT DAVIE, FL 33330</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>Alana Mark</b>		Date: <b>03-08-04 (951)581-1900</b>	