


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000000591  
 1. Entity Name  
 ALLSTEEL PROCESSING, L.C.



Principal Place of Business 1250 N.W. 23RD AVENUE FORT LAUDERDALE, FL 33311	Mailing Address 1250 N.W. 23RD AVENUE FORT LAUDERDALE, FL 33311
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**DO NOT WRITE IN THIS SPACE**



02022005No Chg-LLC CR2E083 (10/03)

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  
 ROBINSON, LISA  
 VALDINI & PALMER, P.A.  
 5353 N FEDERAL HWY STE 303  
 FORT LAUDERDALE, FL 33308

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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)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GADA MANAGEMENT, L.C. 2300 BARCELONA DRIVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABBOTT, CHARLES R 2797 KINSINGTON CIRCLE WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UD0000244761  
 02/26/05-80035-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alana Markus ALANA MARKUS 02-02-05 (954)587-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #