

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # L98000000060

1. Entity Name
ALLSTEEL & GYPSUM OF PALM BEACH, LLC



Principal Place of Business
**2280 AVENUE I
WEST PALM BEACH, FL 33404**

Mailing Address
**1250 NE 23RD AVE
FORT LAUDERDALE, FL 33311**

U00000469747
03/27/06-80012-007 50.00



DO NOT WRITE IN THIS SPACE

02012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0805636

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-02-06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MBR
MARKUS, GLENN
1250 N.W. 23RD AVENUE
FORT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GADA MANAGEMENT, L.C.
2300 BARCELONA DRIVE
FT. LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02.03.06 954.587-19
Date Daytime Phone #