


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002389 1. Entity Name IDEAL ALUMINUM PRODUCTS, L.L.C.	
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Principal Place of Business 531 CODISCO WAY SANFORD, FL 32771	Mailing Address 531 CODISCO WAY SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3582845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

**LEHMANN, WALTER W
531 CODISCO WAY
SANFORD, FL 32771**

**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) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGE, CLAYTON 112 WAYSIDE CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELBY, C. THOMAS 300 INTERNATIONAL PKWY STE 130 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEHMANN, WALTER 343 OAK LEAF CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Walter W. Lehmann **WALTER LEHMANN** 7/7/04 407-323-7589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #