

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90036 045 ****50.00

DOCUMENT # L99000002389

1. Entity Name
IDEAL ALUMINUM PRODUCTS, L.L.C.



Principal Place of Business

531 CODISCO WAY
SANFORD, FL 32771

Mailing Address

531 CODISCO WAY
SANFORD, FL 32771

20056838



04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. 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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

Date

Daytime Phone #