

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002389

FILED
May 15, 2008
Secretary of State

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

Current Principal Place of Business:

2000 BRUNSWICK LANE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

2000 BRUNSWICK LANE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3582845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEHMANN, WALTER R
2000 BRUNSWICK LANE
DELAND, FL 32724 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PAGE, CLAYTON
Address: 304 CR 182 SW
City-St-Zip: ROME, GA 30165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: SELBY, C. THOMAS
Address: 300 INTERNATIONAL PKWY STE 130
City-St-Zip: HEATHROW, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LEHMANN, WALTER R
Address: 4620 RIVERWALK VILLAGE CT #7407
City-St-Zip: PONCE INLET, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 R. LEHMANN

MGRM

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date