2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 06, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State
DOCU 1. Entity Nam	MENT # M000000	02362		Secretary of State
DERR STEEL ERECTION - SOUTHEAST, L.L.C.				
Principal Plac	e of Business	Mailing Address		Ī
13400 TRIN		P.O. BOX 637		
EULESS, TX	76040	EULESS, TX 76039		
	<u> </u>		· · · · · · ·	
DO NOT WRITE IN THIS SPACE				07022004 No Chg-LLC CR2E083 (10/03)
				4. FEI Number Applied For Not Applied For Not Applied For
		·	•	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		res nequired
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE	
		_ _	<u> </u>	
8. The above the obligat	anamed entity submits this statement tions of registered agent.	nt for the purpose of changing its regist	ered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE, Registr	ered Agent signature required	d when reinstating) DATE
Fi Due	ling Fee is \$50.00 by September 8, 2004			
9.		MBERS/MANAGERS .		
TITLE	P DEDB BOSEDTIN		1	
NAME Street Address	DERR, ROBERT W P.O. BOX 637		l l	000000163253 07/06/04-80006-002 55.00
CITY-ST-ZIP	EULESS, TX 76039		Ī	U17U67U4-8U8U6-UU2 35.UU
ITTLE	V		-1	
NAME	ISBELL, DAN L		1	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 637		1	
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NAME			1	
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CITY-ST-ZIP		<u> </u>	_1	DO NOT WRITE
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NAME STREET ADDRESS	}		1	*** * * * * *** *** *** **** ****
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TITLE		· <u>· · · · · · · · · · · · · · · · · · </u>		
NAME STREET ADDRESS	(Į.	
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11. I hereby certify that the information supplied with this filling 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 pytrusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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217- 571-40411

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