

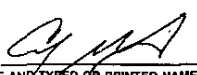


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90148 035 \*\*\*\*50.00

<b>DOCUMENT # M01000002722</b> 1. Entity Name <b>GIBALTAR CONSTRUCTION SERVICES, LLC</b>					
Principal Place of Business <b>8427 PULASKI HIGHWAY BALTIMORE, MD 21237</b>			Mailing Address <b>8427 PULASKI HIGHWAY BALTIMORE, MD 21237</b>		
2. Principal Place of Business <b>4940 Campbell Blvd., Suite 100</b>		3. Mailing Address <b>4940 Campbell Blvd.</b>		  04292004 Chg-LLC CR2E083 (10/03)  4. FEI Number <b>52-1642771</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div>	
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Suite 100</b>			
City & State <b>Baltimore, MD 21236-5910</b>		City & State <b>Baltimore, MD 21236-5910</b>			
Zip <b>21236</b>	Country <b>MD</b>	Zip <b>21236</b>	Country <b>MD</b>		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZETTERLUND, WILLIAM 11500 WILLOW GARDENS DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>C. J. Strauch, Treasurer-Member</b> <b>4/29/04</b> <b>410-931-9595</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					