

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001711

1. Entity Name
BLUESCOPE STEEL AMERICAS LLC



Principal Place of Business
2801 PONCE DE LEON BLVD STE 1180
CORAL GABLES, FL 33134

Mailing Address
111 WEST OCEAN BLVD., STE. 1370
LONG BEACH, CA 90802



04262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0556914

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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	BMP STEEL TECHNOLOGY INC
STREET ADDRESS	1209 ORANGE ST.
CITY - ST - ZIP	WILMINGTON, DE 19801
TITLE	P
NAME	SCHULZ, DIEKER
STREET ADDRESS	111 W. OCEAN BLVD, SUITE 1370
CITY - ST - ZIP	LONG BEACH, CA 90802
TITLE	VPS
NAME	MARSHALL, JACK
STREET ADDRESS	111 W. OCEAN BLVD, SUITE 1370
CITY - ST - ZIP	LONG BEACH, CA 90802
TITLE	V
NAME	BELL, STUART
STREET ADDRESS	OLD PORT RD.
CITY - ST - ZIP	N. SOUTH WALES, AUSTRALIA, 2505
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/30/05-80071-025 55.00

**DO NOT WRITE
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

4/28/05 (562)628-0125

Date

Daytime Phone #