

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001474

FILED
Jan 09, 2008
Secretary of State

Entity Name: METALWERKS LLC

Current Principal Place of Business:

1591 NORTH POWERLINE ROAD
SUITE E
POMPAÑO BEACH, FL 33069

New Principal Place of Business:

31100 SOLON ROAD, SUITE 11
SOLON, OH 44139

Current Mailing Address:

30725 AURORA ROAD
SOLON, OH 44139

New Mailing Address:

31100 SOLON ROAD, SUITE 11
SOLON, OH 44139

FEI Number: 20-1000799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: LASALVIA, ROBERT F
Address: 30725 AURORA ROAD
City-St-Zip: SOLON, OH 44139

Title: MGR () Delete
Name: WELTY, DAVID W ESQ.
Address: 1301 E. 9TH STREET, SUITE 3500
City-St-Zip: CLEVELAND, OH 441141821

ADDITIONS/CHANGES:

Title: DIR (X) Change () Addition
Name: LASALVIA, ROBERT F
Address: 31100 SOLON ROAD
City-St-Zip: SOLON, OH 44139

Title: DIR (X) Change () Addition
Name: KASSIGKEIT, H C
Address: 31100 SOLON ROAD, SUITE 11
City-St-Zip: SOLON, OH 44139

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: ROBERT F LASALVIA

DIR

01/09/2008

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