

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006443

FILED
Feb 01, 2008
Secretary of State

Entity Name: COVINGTON IRONWORKS, LLC

Current Principal Place of Business:

20 WEST 18TH ST
COVINGTON, KY 41012

New Principal Place of Business:

Current Mailing Address:

P O BOX 17653
ERLANGER, KY 41017

New Mailing Address:

FEI Number: 20-2255750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZALLA, WILLIAM R
2941 EAST VINA DEL MAR
ST. PETE, FL 33706 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: WOLNITZEK, JEFFREY W
Address: 2652 CRESCENT SPRINGS RD
City-St-Zip: CRESCENT SPRINGS, KY 41017

Title: MGR () Delete
Name: HEIDRICH, DAVID P
Address: 2652 CRESCENT SPRINGS RD
City-St-Zip: CRESCENT SPRINGS, KY 41017

Title: MGR () Delete
Name: ZALLA, WILLIAM R
Address: 2652 CRESCENT SPRINGS RD
City-St-Zip: CRESCENT SPRINGS, KY 41017

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ZALLA, WILLIAM R
Address: 2941 EAST VINA DEL MAR
City-St-Zip: ST PETE, FL 33706

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: JEFFREY W WOLNITZEK

MGR

02/01/2008

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