


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 5-11-99 AM 10:25	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000011 UNIT STRUCTURES, LLC 11603 HAZELWOOD ROAD LOUISVILLE KY 40223				1a. Principal Place of Business Address 1012 SHANHOUSE MAGNOLIA AK 71753	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/27/1995 3a. State of Formation KY 4. FEI Number 61-1292750 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 04/06/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center; font-weight: bold;">FL</div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	BELT, DAVID	1012 SHANHOUSE BLVD	MAGNOLIA AR		
MGR	BURLEY, GARY	1012 SHANHOUSE BLVD	MAGNOLIA AR		
MGR	WEAVER, GARY	1012 SHANHOUSE BLVD	MAGNOLIA AR		
MGR	CASKEY, GARY	1012 SHANHOUSE BLVD	MAGNOLIA AR		
MGR	RUBENSTEIN, RICHARD	907 STONYKIRK RD.	LOUISVILLE KY		
5.0000028000895---6 -03/10/99---01062---007 ****188.75 ****188.75					

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S MANAGER OR MEMBER FOR MAILING

2-25-99

502-244-0825

Date

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