

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011192

**FILED**  
**Mar 17, 2007**  
**Secretary of State**

**Entity Name:** PROCON BUILDING PRODUCTS, LLC

**Current Principal Place of Business:**

2099 EXECUTIVE RD.  
# 63  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD.  
# 213  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 81-0547344      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBRECHT, TIMOTHY D  
381 ESCAMBIA DR.  
WINTER HAVEN, FL 33884      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: MGRM      ( ) Delete  
Name: ALBRECHT, TIMOTHY D  
Address: 381 ESCAMBIA DR.  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGR      ( ) Delete  
Name: ALBRECHT, ANGELA R  
Address: 381 ESCAMBIA DR.  
City-St-Zip: WINTER HAVEN, FL 33884 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY D. ALBRECHT

MGRM

03/17/2007

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