

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# L03000049043

**Entity Name:** MIKE & LARRY'S WINDOW & DOOR INSTALLATION & CONSTRUCTION, LLC

**Current Principal Place of Business:**

2842 CENTRAL DRIVE  
SANFORD, FL 32773

**New Principal Place of Business:**

2842 CENTRAL DRIVE  
SANFORD, FL 32773

**Current Mailing Address:**

207 E 11TH STREET  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-0433372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FREEMAN, RACHEL E  
207 E 11TH STREET  
SANFORD, FL 32771      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: KELLER, MICHAEL L  
Address: 2842 CENTRAL DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: MGRM      ( ) Delete  
Name: PROCTOR, LARRY  
Address: 2842 CENTRAL DRIVE  
City-St-Zip: SANFORD, FL 32773

**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 Section 119.07(3)(i), 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: MICHAEL L. KELLER

MGRM

04/30/2004

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