

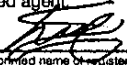



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90022 011 \*\*\*\*55.00

<b>DOCUMENT # L04000092808</b>					
<b>1. Entity Name</b> <b>THE ECONOMICAL GUTTER LLC</b>					
<b>Principal Place of Business</b> 563 BOURSE CIR LEHIGH ACRES, FL 33936 US			<b>Mailing Address</b> 563 BOURSE CIR LEHIGH ACRES, FL 33936 US		
<b>2. Principal Place of Business</b> 563 BOURSE CIRCLE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 563 BOURSE CIRCLE Suite, Apt. #, etc.			
City & State LEHIGH ACRES FL		City & State LEHIGH ACRES FL		02112005 Chg-LLC CR2E083 (10/03)	
Zip 33936	Country USA	Zip 33936	Country USA	<b>4. FEI Number</b> 20-2145568	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> XAGNAMONGKHON, KHONESAVANH 563 BOURSE CIR LEHIGH ACRES, FL 33936			<b>7. Name and Address of New Registered Agent</b> Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE 				DATE 03-31-05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR XAGNAMONGKHON, KHONESAVANH 563 BOURSE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I 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 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.</b>					
SIGNATURE: 				DATE 03-31-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					