2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# L05000095673

Entity Name: CAVALHEIRO SHOWER ENCLOSURES,LLC

Current Principal Place of Business:

1850 NE 169 STREET
APT 305
NMB, FL 33162

New Principal Place of Business:

Current Mailing Address:

1850 NE 169 STREET
APT 305
NMB, FL 33162

New Mailing Address:

FEI Number: 56-1354525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FELICES, MONICA L MRS
1850 NE 169 STREET
APT 305
NMB, FL 33162 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:	CAVALHEIRO, APARECIDO R MR	
Address:	1850 NE,169 STREET,APT 305	
City-St-Zip:	NMB,, FL 33162	
Title:	MGRM	( ) Delete
Name:	FELICES, MONICA L	
Address:	1850 NE,169 STREET,APT 305	
City-St-Zip:	NMB,, FL 33162	

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 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: MONICA L FELICES MGRM 07/06/2007

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