


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007807 1. Entity Name SHORELINE SHUTTERS, L.C.	
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Principal Place of Business 945 SEBASTIAN BOULEVARD SUITE 3 SEBASTIAN, FL 32958	Mailing Address 945 SEBASTIAN BOULEVARD SUITE 3 SEBASTIAN, FL 32958
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01052004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1020996	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BALLOUGH, WILLIAM
945 SEBASTIAN BOULEVARD
SUITE 3
SEBASTIAN, FL 32958**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

**U000000055538
02/18/04-80005-009 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVENDER, ROBERT 945 SEBASTIAN BOULEVARD, SUITE 3 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLOUGH, WILLIAM 945 SEBASTIAN BOULEVARD, SUITE 3 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAN, JOHN 945 SEBASTIAN BOULEVARD, SUITE 3 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: William Ballough *Wue Bed* **9 Feb 2004** **#772-589-7472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #