

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 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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DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

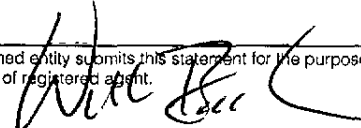
4. FEI Number 65-1020996	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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  William Ballough 6 April 2005

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

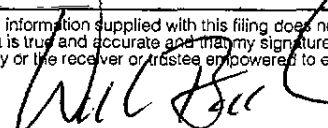
**Filing Fee is \$50.00
Due by May 1, 2005**

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 LAMAR, 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	

1000000307629
04/15/05-80060-025 50.00

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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 6 April 2005 772-589-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #