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.

Principal Place of Business	Mailing Address
945 SEBASTIAN BOULEVARD SUITE 3 SEBASTIAN, FL 32958	945 SEBASTIAN BOULEVARD SUITE 3 SEBASTIAN, FL 32958

01042005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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	MGR
NAME	LAVENDER, ROBERT
STREET ADDRESS	945 SEBASTIAN BOULEVARD, SUITE 3
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	MGR
NAME	BALLOUGH, WILLIAM
STREET ADDRESS	945 SEBASTIAN BOULEVARD, SUITE 3
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	MGR
NAME	LAMAN, JOHN
STREET ADDRESS	945 SEBASTIAN BOULEVARD, SUITE 3
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80060-025 50.00

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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 #