


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000105 1. Entity Name LK ROOF COATINGS & MAINTENANCE, LLC	
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Principal Place of Business PO BOX 868 HC5 BOX 1016 OLD TOWN, FL 32680	Mailing Address P O BOX 868 OLD TOWN, FL 32680
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DO NOT WRITE IN THIS SPACE



04022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0382895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWELL, KEN
PO BOX 868
OLD TOWN, FL 33756

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWELL, KEN PO BOX 868 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWELL, LINDA PO BOX 868 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALE, TERRY 520 NEW ST FAIRPORT HARBOR, OH 44077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALE, NANCY 520 NEW ST. FAIRPORT HARBOR, OH 44077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABB, STEVE 73 CRESTWOOD DR. PAINESVILLE, OH 44077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABB, SHELLEY 73 CRESTWOOD DR. PAINESVILLE, OH 44077

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04/13/05-80102-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X [Signature] 4/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #