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Secretary of State

2/26

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004800

1. Entity Name
TAMPA BAY EXTERIORS, LLC

34004782

Principal Place of Business	Mailing Address
~~16314 VILLARREAL DE AVILA~~ P.O. Box 271431 TAMPA, FL ~~33613~~ 33688-1431	P.O. BOX 271431 TAMPA, FL ~~33613~~ 33688-1431

02132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 271431	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33688-1431 Country: Hillsborough	Zip / Country

4. FEI Number 02-0562281 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINNREICH, KAREN J 16314 VILLARREAL DE AVILA TAMPA, FL 33613	Name: Rob Evans Street Address (P.O. Box Number is Not Acceptable): 18509 Keystone Manor City: Odessa FL Zip Code: 33556

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: [signature] Rob Evans, MGRM DATE: 2/16/04

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM President EVANS, ROB 18509 KEYSTONE ~~BLVD~~ Manor ODESSA, FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Karen J. Sinnreich 16314 Villarreal De Avila Tampa FL 33613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Rob Evans 2/16/04 813/986-1977

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