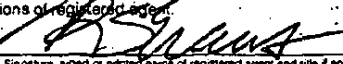
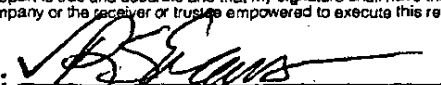


FILED
Apr 30, 2004 8:00 am
Secretary of State

2/26

02-26-2004 90203 041 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000004800			
1. Entity Name TAMPA BAY EXTERIORS, LLC			
Principal Place of Business 10914 VILLARREAL DE AVILA TAMPA, FL 33613		Mailing Address P.O. BOX 271431 TAMPA, FL 33613-3348-1431	
Principal Place of Business P.O. Box 271431		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State	
Zip 33688-1431		Country	
Country		Country	
6. Name and Address of Current Registered Agent SINNREICH, KAREN J 16314 VILLARREAL DE AVILA TAMPA, FL 33613		7. Name and Address of New Registered Agent Name: ROB EVANS Street Address (P.O. Box Number is Not Acceptable) 18509 KEYSTONE MANOR City: ODESSA FL 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, typed or printed name of registered agent and title if applicable.		Rob Evans, morn 2/11/04 (NOTE: Registered Agent signature required when renouncing) DATE	
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 EVANS, ROB 18509 KEYSTONE MANOR ODESSA, FL 33556	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	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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Rob Evans 2/11/04 813/986-1977 Date Daytime Phone #	