


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000008433 1. Entity Name FOX WINDOWS AND GLASS, LLC	
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Principal Place of Business 1450 PALOMINO WAY OVIEDO, FL 32765	Mailing Address 1450 PALOMINO WAY OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



06302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0659588	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOX, ALAN WAYNE 1450 PALOMINO WAY OVIEDO, FL 32765

**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 _____
Signature, typed or printed name of registered agent and title if applicable.


**Filing Fee is \$50.00
Due by September 6, 2006**

U000000570340
07/14/06-80010-005 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOX, ALAN WAYNE PRESIDE 1450 PALOMINO WAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEE, JAMES MICHAEL V.P. 882 FIELD STREET OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOX, JOANN SECRETA 1450 PALOMINO WAY OVIEDO, FL 32765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7-6-06** **407361288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #