


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011367 1. Entity Name EFFICIENT WALL SYSTEMS OF FLORIDA, L.L.C.	
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Principal Place of Business 1211 COMMERCE BLVD. N. SARASOTA, FL 34245-5016	Mailing Address 1211 COMMERCE BLVD. N. SARASOTA, FL 34245-5016
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0595011	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 NORTH FRANKLIN STREET STE. 2100 TAMPA, FL 33602
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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 re-registering) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000077264
03/05/04-80035-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEFANUTTI, OSCAR E 1455 KIRKWAY RD BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Dated: Phone # _____