


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031885

1. Entity Name
SUNCOAST WINDOW FASHIONS, LLC



Principal Place of Business Mailing Address

5584 SHADOW LAWN DRIVE **5584 SHADOW LAWN DRIVE**
SARASOTA, FL 34242 **SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
75-3088498 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLDER, GEOFFREY
5584 SHADOW LAWN DRIVE
SARASOTA, FL 34242

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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 _____ DATE _____
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, 2006

1100000516174
 04/23/06-80236-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP OLDER, GEOFF 5584 SHADOW LAWN DR SARASOTA, FL 34242
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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: _____ **2/1/06** **941 346 2242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #