


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90052 049 ****55.00

DOCUMENT # L03000001131	
1. Entity Name INNOVATIVE WINDOW CONCEPTS, L.L.C.	

Principal Place of Business 505 INDUSTRIAL WAY BOYNTON BEACH, FL 33426	Mailing Address 505 INDUSTRIAL WAY BOYNTON BEACH, FL 33426
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2. Principal Place of Business - No P.O. Box # 1801 CORPORATE DRIVE	3. Mailing Address 1801 CORPORATE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33426	Zip 33426
Country FLORIDA	Country FLORIDA

60005576




01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4518690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ORMAN, GARY 4336 JUNIPER TERRACE BOYNTON BEACH, FL 33436		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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  **GARY ORMAN** 1/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORMAN, GARY 1801 CORPORATE DRIVE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **GARY ORMAN** 1/18/07 561.493.2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #