

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

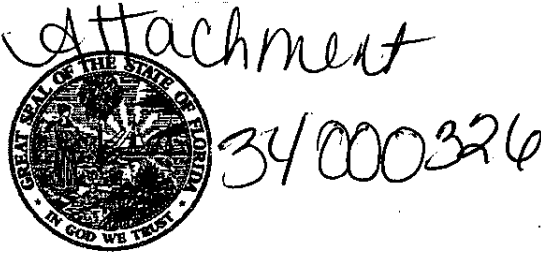
FILED
Feb 11, 2004 8:00 am
Secretary of State

02-03-2004 90051 002 ****50.00

DOCUMENT # L03000026344					
1. Entity Name AMERICAN WALKWAY COVERS, LLC					
Principal Place of Business C/O SUMMIT AMERICA, L.L.C. 105 TALLAPOOSA STREET, SUITE 300 MONTGOMERY, AL 36104			Mailing Address C/O SUMMIT AMERICA, L.L.C. 105 TALLAPOOSA STREET, SUITE 300 MONTGOMERY, AL 36104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 04-3767997	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIVARD, BO 420 WEST BEACH DRIVE PANAMA CITY, FL 32401			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 _____ (NOTE: Registered Agent signature required when reappointing) 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	MGR HUGHES, W. DANIEL JR. 105 TALLPOOSA STREET, SUITE 300 MONTGOMERY, AL 36104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		1-26-2004		334-954-4458	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

34000326





FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 5, 2004

AMERICAN WALKWAY COVERS, LLC
C/O SUMMIT AMERICA, L.L.C.
105 TALLAPOOSA STREET, SUITE 300
MONTGOMERY, AL 36104

Subject: AMERICAN WALKWAY COVERS, LLC

Reference Number: L03000026344

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rw
ANNUAL REPORTS SECTION

Corrected per attached

RHale