

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043102

FILED
Apr 30, 2008
Secretary of State

Entity Name: E-WALLS INSTALLATION COMPANY OF FLORIDA, LLC

Current Principal Place of Business:

2121 WHITFIELD PARK LOOP
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

114 S. OLD WOODWARD
SUITE 3
BIRMINGHAM, MI 48009

New Mailing Address:

FEI Number: 20-1185979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEFANUTTI, OSCAR E
Address: 114 S. OLD WOODWARD SUITE 3
City-St-Zip: BIRMINGHAM, MI 48009

Title: MGR () Delete
Name: STEFANUTTI, PAUL A
Address: 114 S. OLD WOODWARD SUITE 3
City-St-Zip: BIRMINGHAM, MI 48009

Title: MGR () Delete
Name: WILLWERTH, JOHN
Address: 114 S. OLD WOODWARD SUITE 3
City-St-Zip: BIRMINGHAM, MI 48009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OSCAR STEFANUTTI

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date