

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 13, 2006 8:00 am  
Secretary of State**

04-13-2006 90041 020 \*\*\*\*50.00

DOCUMENT # L03000043677		
1. Entity Name BOBBY GRAVES WINDOW REPAIR & MIRROR, LLC		

Principal Place of Business 101 WATerview AVENUE LEHIGH ACRES, FL 33936 US		Mailing Address 101 WATerview AVENUE LEHIGH ACRES, FL 33936 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
RUSSELL, EARL R 322 GUNNERY ROAD SUITE D LEHIGH ACRES, FL 33971			
7. Name and Address of New Registered Agent Name: Robert W. Graves Jr Street Address (P.O. Box Number is Not Acceptable): 101 WATerview Avenue City: Lehigh Acres FL Zip Code: 33971			

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: 

Filing Fee is \$50.00  
Due by May 1, 2006

(NOTE: Registered Agent signature required when reinstating)

DATE: 1/17/06

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, ROBERT W JR.	NAME	
STREET ADDRESS	101 WATerview AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, JONI B	NAME	
STREET ADDRESS	101 WATerview AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/06

239-  
368-0333

Date

Daytime Phone #