2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

1. Entity Name F&G SOFFIT AND SIDING LLC							04-20-2006 90032 031 ****50.00				
Principal Place of Business 839 BROOKSON AVE. PALM BAY, FL 32907			Mailing Address 839 BROOKSON AVE. PALM BAY, FL 32907								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04112006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State				4. FEi Numbe 54-213			·	plied For
Zip	Country		Zip Coun		try		5. Certificate of Status Desired \$5.00 Additional Fee Required			litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
FRAME, KRISTIEN C					Name						
839 BROO		17	Street Address (ddress (F	P.O. Box Number is Not Acceptable)				
PALM BAY	1, FL 529)/ _%						-			
				City	FL Zip Code					e	
8. The above the obligat	named entitions of regist	y submits this statement for ered agent.	the purpose of changing its r	egistere	d office o	registere	ed agent, or both	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	_ ; \$										
,	Signature, Wood	or printed name of registered agent ar	nd tile if applicable. (NOTE.	Registered	l Agent signal	ure required i	when roinstaking)		DAIE		
Filing Fee Is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				
.,,		y 1, 2006					1				e
9.		y 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10.					Departn	nent of State	9
9. Title	MGRM	MANAGING MEMBER	RS / MANAGERS	TITLE				Florida	Departn	nent of State	Addition
9. TITLE NAME	MGRM FRAME, I	MANAGING MEMBER		TITLE NAM				Florida	Departn	nent of State	
9. Title	MGRM FRAME, H 839 BROO	MANAGING MEMBER		nam Stre				Florida	Departn	nent of State	
9. Title Name Street address	MGRM FRAME, H 839 BROO PALM BA MGRM GRAHAM	MANAGING MEMBER KRISTIEN C DKSON AVE.	☐ Delete	TITLE NAMI STRE CITY: TITLE NAMI	ET ADDRESS -ST-ZIP	MGRI GRAHA 652	M am William SEVEN GA	Florida	Depart	nent of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM FRAME, H 839 BROO PALM BA MGRM GRAHAM 724-104 V	MANAGING MEMBER KRISTIEN C DKSON AVE. Y, FL 32907	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP	684HA	M PM, William SEVEN GA BAY, FL 7.	ADDITIONS/ ADDITIONS/ BLES CIRCLE	Depart	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM FRAME, H 839 BROO PALM BA MGRM GRAHAM 724-104 V	MANAGING MEMBER KRISTIEN C DKSON AVE. Y, FL 32907 , WILLIAM VILD STRAWBERRY LN	☐ Delete	TITLE NAM! STRE CITY- TITLE NAM! STRE CITY- TITLE	ET ADDRESS -ST-ZIP	684HA	am, William SEVEN GA	ADDITIONS/ ADDITIONS/ BLES CIRCLE	Depart	S Change	Addition
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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: Kinstrin C frame #/11/06 (321) 273 -709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE INTO DEVELOP PROVED.