2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# L03000046208

Entity Name: FLORIDA FOAM WALLS, LLC

Current Principal Place of Business:

5275 N. WASHINGTON BLVD
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

244 SHOPPING AVENUE
106
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 20-0492096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PYLE, JOHN M
2325 DESOTO ROAD
SARASOTA, FL 34235 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:	HIGHLANDS TRUST UAD,, 7/2/01,PD NELS O N,TRSTE	
Address:	2325 DESOTO ROAD	
City-St-Zip:	SARASOTA, FL 34235	
Title:	MGRM	( ) Delete
Name:	NELSON, PHILIP D	
Address:	244 SHOPPING AVENUE, #106	
City-St-Zip:	SARASOTA, FL 34237	
Title:	MGRM	(X) Delete
Name:	CRADDOCK, PAXTON D	
Address:	2961 HOMOSASSA ROAD	
City-St-Zip:	SARASOTA, FL 34239	

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 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: PHILIP D. NELSON MGRM 03/01/2006

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