


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90079 001 ***138.75

04-25-2008 90079 002 *****5.00

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000048350 |  |
| 1. Entity Name VDB INSTALLATIONS, LLC | |

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|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business 1428 E. SEMORAN BLVD. SUITE 103 APOPKA, FL 32703 | Mailing Address 1428 E. SEMORAN BLVD. SUITE 103 APOPKA, FL 32703 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01172008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 16-1688782 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent PARKER, TIMOTHY G 1428 E. SEMORAN BLVD. SUITE 103 APOPKA, FL 32703 | | 7. Name and Address of New Registered Agent 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

Signature, typed or printed name of registered agent and title if applicable.

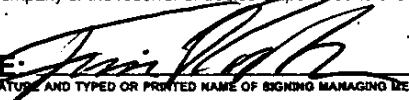
(NOTE: Registered Agent signature required when reinstating)

DATE

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|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARKER, TIMOTHY G 1319 PINWOOD AVE. LAKELAND, FL 33853 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Parker, Timothy G. 1811 S. Clinton Ave. Lakeland, FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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"/> Delete | 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"/> Delete | 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 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.

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|-------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|
| SIGNATURE:  | DATE: 04-20-08 | DAYTIME PHONE #: 863-934-3061 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |