


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90065 038 *****50.00

DOCUMENT # L03000049182 1. Entity Name WOOD EXTERIORS RESTORATION LTD. CO.																															
Principal Place of Business 2261 TUSCANY TRACE #14 PALM HARBOR FL 34683		Mailing Address 2261 TUSCANY TRACE #14 PALM HARBOR FL 34683																													
2. Principal Place of Business 105 EAST BAY DR. Suite, Apt. #, etc.		3. Mailing Address 105 EAST BAY DR. Suite, Apt. #, etc.																													
City & State St. Petersburg, FL Zip 33706 Country US		City & State St. Petersburg, FL Zip 33706 Country US																													
4. FEI Number DF 510431028 Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent SLATER, RONALD A 2261 TUSCANY TRACE #14 PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name RONALD A. SLATER Street Address (P.O. Box Number is Not Acceptable) 105 EAST BAY DR. City St. Petersburg FL Zip Code 33706																													
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 <u>Ronald A. Slater</u> (NOTE: Registered Agent signature required when reinstating) DATE 4/26/04																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">member/manager <input type="checkbox"/> Delete</td> <td style="width:30%;">NAME</td> <td style="width:10%;"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RONALD A. SLATER</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>105 EAST BAY DR.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>St. Petersburg, FL 33706</td> <td></td> <td></td> </tr> </table>		TITLE	member/manager <input type="checkbox"/> Delete	NAME		STREET ADDRESS	RONALD A. SLATER			CITY-ST-ZIP	105 EAST BAY DR.				St. Petersburg, FL 33706			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%;">NAME</td> <td style="width:10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ronald A. Slater</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/26/04 (727) 487-3869 Date Daytime Phone #																													