2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049282

1. Entity Name
ADVANCED DOOR SYSTEMS OF DUNNELLON, LLC

Principal Place of Business	Mailing Address
17700 SW 48TH PLACE DUNNELLON, FL 34432	17700 SW 48TH PLACE DUNNELLON, FL 34432

09142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1612710
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, DONALD W
17700 SW 48TH PLACE
DUNNELLON, FL 34432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by October 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RHODES, DONALD W
STREET ADDRESS	17700 SW 48TH PLACE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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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: X Don Rhodes 9/19/05 352-465-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #