


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90107 048 ****50.00

DOCUMENT # L03000054110							
1. Entity Name WINDOW WIZARD LLC							
Principal Place of Business 2619 BEACH BLVD SOUTH GULFPORT, FL 33707-5515 US			Mailing Address 2619 BEACH BLVD SOUTH GULFPORT, FL 33707-5515 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 593401678 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02042004 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MORROW, JAMES A 2619 BEACH BLVD SOUTH GULFPORT, FL 33707-5515			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 <u>Sue A Morrow</u> SUE A MORROW 2-5-04			DATE				
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				MGRM	SUE ANN MORROW	2619 BEACH BLVD SOUTH	GULFPORT FL 33707-5515
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>James A Morrow</u> JAMES A MORROW			Date: <u>2/5/05</u>		Daytime Phone #: <u>727-344-3363</u>		