


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

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
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01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3401678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MORROW, JAMES A 2619 BEACH BLVD SOUTH GULFPORT, FL 33707-5515	
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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 James A. Morrow James A. Morrow 01-04-05
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORROW, SUE A 2619 BEAH BLVD SOUTH GULFPORT, FL 337075515
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FOM DUNLAP, FRANK H 9396 90TH AVE N LARGO, FL 33777
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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: Sue A. Morrow SUE A MORROW 01-04-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #