

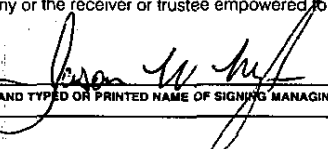


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055109 1. Entity Name SOUTHERN INSULATION LLC						FILED 2004 SEP -8 AM 8:13 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA			
Principal Place of Business 2367 LAKE HERITAGE DR. TALLAHASSEE, FL 32311				Mailing Address 2367 LAKE HERITAGE DR. TALLAHASSEE, FL 32311					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MAYHANN, JASON W 2367 LAKE HERITAGE DR. TALLAHASSEE, FL 32311				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE	MGRM			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FOSTER, JEFFERY G			NAME					
STREET ADDRESS	740 WHITE DR. #12			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP					
TITLE	MGRM			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRAKE, RONNIE L			NAME					
STREET ADDRESS	8540 LAKE ATKINSON DR.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP					
TITLE	MGRM			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GRIFFIN, ADAM A			NAME					
STREET ADDRESS	2367 LAKE HERITAGE DR.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP					
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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:  Jason W. Mayhann <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				9-7-04 <small>Date</small>				(850) 509-0143 <small>Daytime Phone #</small>	