

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90130 026 \*\*\*\*55.00

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|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L03000057198</b><br>1. Entity Name<br>ANNA MARIA GLASS AND SCREEN, LLC   |  |  |  |  |  |
| Principal Place of Business<br>5600 MARINA DR, STE 8<br>HOLMES BEACH, FL 34217   |  |  | Mailing Address<br>5600 MARINA DR, STE 8<br>HOLMES BEACH, FL 34217   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                                   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                  |  |  |  |
| City & State   |  | City & State   |  |  |  |
| Zip  | Country  | Zip  | Country  | 01032007    Chg-LLC    CR2E083 (12/06)   |  |
| 4. FEI Number<br>20-0547752  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired   |  |  |  | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>LANGSTON, BENJAMIN T<br>5600 MARINA DR, STE 8<br>HOLMES BEACH, FL 34217   |  |  | 7. Name and Address of New Registered Agent<br>Name <u>PHILIP N. GUERRERO</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>5600 MARINA DR., STE 8</u><br><u>HOLMES BEACH, FL 34217</u><br>City <u>FL</u> 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  |  | DATE <u>1/8/07</u>                                   |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LANGSTON, BENJAMIN T<br>5600 MARINA DRIVE STE. 8<br>HOLMES BEACH, FL 34217 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>PH GUERRERO, PHILIP N.<br>5600 MARINA DR., STE 8<br>HOLMES BEACH, FL 34217 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   |  |  | Date <u>1/8/07</u> Daytime Phone # <u>(941) 778 2022</u>   |  |  |