


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90044 010 ****50.00

| | |
|---|---|
| DOCUMENT # L03000057341 |  |
| 1. Entity Name LLOYD'S INSTALLATIONS, LLC | |

| | |
|---|---|
| Principal Place of Business 1620 ALABAMA AVENUE LYNN HAVEN, FL 32444 US | Mailing Address 1620 ALABAMA AVENUE LYNN HAVEN, FL 32444 US |
|---|---|

60060441



| | |
|--|--|
| 2. Principal Place of Business 1620 Alabama Ave Lynn Haven Florida 32444 | 3. Mailing Address 1620 Alabama Ave Lynn Haven Florida 32444 |
| Suite, Apt. #, etc. 32444 | Suite, Apt. #, etc. 32444 |
| City & State 32444 | City & State 32444 |
| Zip 32444 | Country Bay |

02182005 Chg-LLC CR2E083 (10/03)

| | |
|-------------------------------------|--|
| 4. FEI Number 264-59-6990 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| LONG, LLOYD A 1620 ALABAMA AVENUE LYNN HAVEN, FL 32444 |

| |
|---|
| 7. Name and Address of New Registered Agent |
| Name Lloyd Long |
| Street Address (P.O. Box Number is Not Acceptable) 1620 Alabama Ave |
| City Lynn Haven |
| State FL |
| Zip Code 32444 |

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  | (NOTE: Registered Agent signature required when reinstating) | DATE 3 April 05 |
|--|--|---------------------------|

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LONG, LLOYD A 1620 ALABAMA AVENUE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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:  | 3 April 05 | (850) 624-8976 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |