


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90115 041 ****50.00

| | |
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| DOCUMENT # L03000057492 |  |
| 1. Entity Name DOUG'S WINDOW SERVICE LLC | |

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| Principal Place of Business 16337 NE 153RD LANE FT MCCOY, FL 32134 US | Mailing Address 4004 SW 22ND ST OCALA, FL 34474 US |
|---|--|

20052860



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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 16337 NE 153rd Lane Suite, Apt. #, etc. |
|---|---|

04282005 Chg-LLC CR2E083 (10/03)

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|-------------------------------------|-------------------------------------|
| City & State Ft. McCoy FL | City & State Ft. McCoy FL |
| Zip 32134 | Country US |

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| 4. FEI Number 59-3342060 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SIKES, BILLY D JR 4004 SW 22ND ST OCALA, FL 34474 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16337 NE 153rd Lane City Ft. McCoy FL Zip Code 32134 | |
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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  | DATE 4-28-05 |

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIKES, BILLY D JR 4004 SW 22ND ST OCALA, FL 34474 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16337 NE 153rd Lane Ft. McCoy FL 32134 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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.

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|--|--------------------------|---------------------|-------------------------------------|
| SIGNATURE:  | Billy D Sikes Jr. | DATE 4-28-05 | DAYTIME PHONE # 352-467-5888 |
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