


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000002469 1. Entity Name PHILLIP CATANESE SIDING, L.L.C.		
Principal Place of Business 6021 TWILIGHT DRIVE MILTON, FL 32570		Mailing Address 6021 TWILIGHT DRIVE MILTON, FL 32570
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CATANESE, PHILLIP JOSEPH 6021 TWILIGHT DRIVE MILTON, FL 32570		DO NOT WRITE IN THIS SPACE
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)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	CATANESE, PHILLIP JOSEPH	
STREET ADDRESS	6021 TWILIGHT DRIVE	
CITY- ST- ZIP	MILTON, FL 32570	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <i>Phillip Joseph Catanese</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4-16-06 <small>Date</small>
		850-983-9153 <small>Daytime Phone #</small>



01292006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3341135

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

U00000559372
05/17/06-80135-017 55.00