

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006558

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** CAMPBELL'S STORM WINDOW AND DOOR CO. LLC.

**Current Principal Place of Business:**

12 DUVAL STREET  
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2605  
FT WALTON BEACH, FL 32549 US

**New Mailing Address:**

**FEI Number:** 59-1917215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, KENNETH H  
27 WEST CASA LOMA DRIVE  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

FRANKLIN, DAVID D  
7516 BLACKJACK CIRCLE  
NAVARRE, FL 32566 US

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.

**SIGNATURE:** DAVID D FRANKLIN

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CAMPBELL, KENNETH H  
**Address:** 27 WEST CASA LOMA DRIVE  
**City-St-Zip:** MARY ESTHER, FL 32569 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** FRANKLIN, DAVID D  
**Address:** 7516 BLACKJACK CIRCLE  
**City-St-Zip:** NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DAVID D FRANKLIN

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date