2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000007202

1. Entity Name:
CAREY KIRKLAND SIDING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 08

Principal Place of Business	Mailing Address
798 BRUCE AVE. DEFUNIAK SPRINGS, FL 32433	798 BRUCE AVE. DEFUNIAK SPRINGS, FL 32433

08192005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business 1135 N. 20th St Suite, Apt. #, etc.	3. Mailing Address 1135 N 20th St. Suite, Apt. #, etc.	4. FEI Number 56-2430324	☐ Applied For ☐ Not Applicable
City & State DeFuniak Springs, Fl. Zip 32433 Country Walton	City & State De Funiak Springs, Fl. Zip 32433 Country Walton	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRKLAND, CAREY 798 BRUCE AVE. DEFUNIAK SPRINGS, FL 32433	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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 _Carey Kirkland_   _Carey Kirkland_   Sept 27-05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES
TITLE MGR NAME KIRKLAND, CAREY STREET ADDRESS 798 BRUCE AVE. CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE MGR NAME COON, NATHAN L STREET ADDRESS 798 BRUCE AVE. CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060923222 10/25/05--01058--014 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Carey Kirkland_   _Carey Kirkland_   Sept 27 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #