


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90040 040 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

20015970

DOCUMENT # L04000008162			
1. Entity Name ALL WEATHER METAL ROOFING, L. L. C.			
Principal Place of Business 6611 INDUSTRIAL AVENUE PORT RICHEY, FL 34668		Mailing Address 6611 INDUSTRIAL AVENUE PORT RICHEY, FL 34668	
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country <i>USA</i>	Zip	Country <i>USA</i>
4. FEI Number <i>01-0786449</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS WALTER P P 18224 ROLLING OAKS DRIVE HUDSON, FL 34607		7. Name and Address of New Registered Agent Name <i>Natalie Blackmon</i> Street Address (P.O. Box Number is Not Applicable) <i>5842 Orange Grove Ave</i> City <i>New Port Richey FL</i> Zip Code <i>34662</i>	
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 <i>[Signature]</i>		DATE <i>2-17-05</i>	
Filing Fee is \$50.00 + 5. Due by May 1, 2005		Main check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERDING, GINO M <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	MGRM WILLIAMS WALTER P <input checked="" 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	MGRM GERDING, REBECCA L <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)(c), 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>[Signature]</i>		Date: <i>2/17/05</i> <i>GINO M GERDING</i> 7307-849-7307	