


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90128 046 ****50.00

DOCUMENT # L04000010854 1. Entity Name FLORIDA ENCLOSURES BY STEVE, LLC	
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Principal Place of Business 12705 WALTHAM AVENUE TAMPA, FL 33624 US	Mailing Address 12705 WALTHAM AVENUE TAMPA, FL 33624 US
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20014580



2. Principal Place of Business 1018 W. Bush Blvd. Suite, Apt. #, etc. N/A City & State TAMPA FL. Zip 33612 Country US	3. Mailing Address 1018 W. Bush Blvd. Suite, Apt. #, etc. N/A City & State TAMPA FL. Zip 33612 Country US
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03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0710068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent VOSS, STEVEN M 12705 WALTHAM AVENUE TAMPA, FL 33624	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City N/A FL Zip Code
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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 Steven M. Voss DATE 03-06-06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOSS, STEVEN M 12705 WALTHAM AVENUE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1018 W. Bush Blvd. Tampa FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven M. Voss DATE 03-06-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone # (813) 932-6060