


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90179 033 ****50.00

DOCUMENT # L04000012374	
1. Entity Name LJ'S INSTALLERS, LLC	

Principal Place of Business 537 WEST LAKE DR LORIDA FL 33857	Mailing Address 537 WEST LAKE DR LORIDA FL 33857
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2. Principal Place of Business - No P.O. Box # 537 W. LAKE DR Suite, Apt. #, etc.	3. Mailing Address 537 North LAKE DR Suite, Apt. #, etc.
City & State LORIDA FL	City & State LORIDA FL
Zip 33857	Country HIGHLANDS



1st MOORE CR2E083 (10/06)

4. FEI Number 20-0777968	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete LAROQUE, JON 537 WEST LAKE DR North LAKE DR LORIDA FL 33857	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Delete LAROQUE, JON 537 WEST LAKE DR North LAKE DR LORIDA FL 33857	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete LJS INSTALLERS 537 WEST LAKE DR North LAKE DR LORIDA FL 33857	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 exemptions contained in Section 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: Jon Laroque 5/14/07 (954) 260-8741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #