


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90164 047 *****50.00

DOCUMENT # L04000026169	
1. Entity Name NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC	

20020404

Principal Place of Business 1019 TRIANGLE STREET LAKELAND, FL 33805	Mailing Address 1019 TRIANGLE STREET LAKELAND, FL 33805
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2. Principal Place of Business 284 CRYSTAL GROVE BLVD	3. Mailing Address PO BOX 2319
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02182005 Chg-LLC CR2E083 (10/03)

City & State LUTZ, FLORIDA	City & State LUTZ, FLORIDA
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4. FEI Number 20-1017989	Applied For <input type="checkbox"/> Not Applicable
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Zip 33548	Country USA	Zip 33548	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRIAN KEIGH COMBEE 1019 TRIANGLE STREET LAKELAND, FL 33805	
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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
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**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEGLER, HAROLD A 1019 TRIANGLE STREET LAKELAND, FL 33805 <i>284 CRYSTAL GROVE BLVD, LUTZ, FL 33548</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBEE, BRIAN KEITH 1019 TRIANGLE STREET LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELFINO, MICHAEL JR 1648 LOCUST AVENUE BOHEMIA, NY 11716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDGEON, BRENT 7539 STATE RT. 13 SOUTH BELLVILLE, OH 44813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAGALE, JOHN 154 CEMETERY ROAD LANCASTER, NY 14086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMER, GERALD 8521 QUARRY ROAD MANASSAS, VA 20110	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)(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: <i>Harold A. Kegel</i>	HAROLD A. KEGLER	Date 3/23/05	Daytime Phone # 813-949-3113
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