2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000031692

1. Entity Name

FIBERTEK INSULATION, LLC



Principal Place of Business

2222 WEST BELLA VISTA ST. LAKELAND, FL 33801 US Mailing Address

2222 WEST BELLA VISTA ST. LAKELAND, FL 33801 US

FILED Feb 16, 2006 8:00 am Secretary of State

02-16-2006 90146 011 ****55.00

F00000 **



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1045124

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RADMAN, PETER 1216 CELEBRATION CELEBRATION, FL 34747

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	named entity submits this statement for the purpose of changing its register tions of registered agent.	I ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	nd Agent signature required when reinstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	
FITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADMAN, JORDAN P 4240 WANDER LANE SALT LAKE CITY, UT 84124	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	MGRM LIGTO WILLIAMSTOWN BIVEL. CLARKE, BRYAN 3655 EAST 4510 SOUTH SALTLAKE CITY, UT 84117	
TITLE———————————————————————————————————	MGRM—— RADMAN, PETER A 1216 CELEBRATION AVE. CELEBRATION, FL 34747	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		, ***

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:

STREET ADDRESS CITY-ST-ZIP

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

,,,

02/03/06

363-682-4449

Daytime Phone 4