2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000031692

1. Entity Name

FIBERTEK INSULATION, LLC

FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

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

2222 WEST BELLA VISTA ST. LAKELAND, FL 33801 US



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1045124 Applied For Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RADMAN, PETER 1216 CELEBRATION CELEBRATION, FL 34747

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R The above one	ned entity submits this statement for the purpose of changing its regis	stored office or registered count or both	in the Ctate of Clasicia	the manufacture of the second property
o. The above han	ned entity additions this statement for the purpose of changing its regis	stered office of registered agent, or both	, in the State of Florida.	i am iansiar with, and accept
the obligations	of registered agent.			

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE 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 CLARKE, BRYAN 4670 WILLIAMSTOWN BLVD LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADMAN, PETER A 1216 CELEBRATION AVE. CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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U00000712706 04/26/07-80059-010 55.00

11. I nereby 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 hability company or the receiver or tustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

JRE: FETCR RAO MAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

41.12 -22

863-682-4448