

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 043 \*\*\*\*55.00

20051306



04122005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000031897</b>					
1. Entity Name VINYL WORKS, LLC					
Principal Place of Business 1761 NW 111 CT OCALA, FL 34482			Mailing Address 1761 NW 111 CT OCALA, FL 34482		
2. Principal Place of Business 1761 NW 111 <sup>th</sup> Ct			3. Mailing Address 1761 NW 111 <sup>th</sup> Ct		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ocala FL			City & State ocala FL		
Zip 34482		Country marion		Zip 34482	
				Country marion	
4. FEI Number 84-1624189			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  BURCH, JOHN WAYNE 1761 NW 111 CT OCALA, FL 34482			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 <i>John W. Burch</i>			DATE <i>4, 25, 05</i>		
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 BURCH, JOHN W 1761 NW 111 CT OCALA, FL 34482	<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	
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	
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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 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>John W. Burch</i>			Date <i>04, 25, 05</i> 352 873 6825		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		