



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90098 021 ****50.00

DOCUMENT # L04000036000 1. Entity Name ALL PRO EXTERIORS, LLC					
Principal Place of Business RT. 29 BOX 2314-1 LAKE CITY, FL 32024			Mailing Address RT. 29 BOX 2314-1 LAKE CITY, FL 32024		
2. Principal Place of Business 4475 Barna Ave. Suite, Apt. #, etc.		3. Mailing Address 4475 Barna Ave. Suite, Apt. #, etc.			
City & State Titusville, FL		City & State Titusville, FL		4. FEI Number 201115346	
Zip 32780		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOONE, SHAWN M RT. 29 BOX 2314-1 LAKE CITY, FL 32024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City I 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 Shawn Boone Shawn Boone 4-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM BOONE, SHAWN M RT. 29 BOX 2314-1 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shawn Boone 4475 Barna Ave Titusville, FL 32780	<input checked="" 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: Shawn Boone Shawn Boone 4-28-05 (321) 961 0120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					