

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000036388

FILED
Mar 06, 2006
Secretary of State

Entity Name: INSTALLATION NATION, LLC

Current Principal Place of Business:

5001 ASHFORD FALLS LANE
OVIEDO, FL 32765

New Principal Place of Business:

12641 GLEN ABBEY DRIVE
GRAND ISLAND, FL 32735

Current Mailing Address:

5001 ASHFORD FALLS LANE
OVIEDO, FL 32765

New Mailing Address:

12641 GLEN ABBEY DRIVE
GRAND ISLAND, FL 32735

FEI Number: 20-2350891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMP, KEVIN R
5001 ASHFORD FALLS LANE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

LEAMY, JAMES M
12641 GLEN ABBEY DRIVE
GRAND ISLAND, FL 32735 US

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.

SIGNATURE: JAMES J. LEAMY

03/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEMP, KEVIN R
Address: 5001 ASHFORD FALLS LANE
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEAMY, JAMES M
Address: 12641 GLEN ABBEY DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

Title: MGRM () Change (X) Addition
Name: LEAMY, PATRICIA
Address: 12641 GLEN ABBEY DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES M. LEAMY

MGR

03/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date