


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2006 8:00 am**  
**Secretary of State**

08-23-2006 90010 005 \*\*\*\*55.00

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<b>DOCUMENT # L04000037090</b> 1. Entity Name <b>E &amp; J VINYL SIDING, LLC</b>					
Principal Place of Business <b>9 ROCK HOLE RD CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>9 ROCK HOLE RD CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business <b>21 Greenleaf Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>21 Greenleaf Ln</b> Suite, Apt. #, etc.			
City & State <b>Crawfordville, FL</b>		City & State <b>Crawfordville, FL</b>		4. FEI Number <b>20-1130110</b>	
Zip <b>32327</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRILL, JOHN 9 ROCK HOLE RD CRAWFORDVILLE, FL 32327</b>				7. Name and Address of New Registered Agent Name <b>Brill, John</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 Greenleaf Ln</b> City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRILL, JOHN 9 ROCK HOLE RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brill, John 21 Greenleaf Ln Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOWERS, EMERSON SR 3664 MALL WING RD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOWERS, EMERSON SR. 4712 TIM TAM TEL. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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
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.					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					