

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 04, 2006  
Secretary of State**

DOCUMENT# L04000038420

Entity Name: INSTALLATION CONTRACTORS OF FLORIDA, LLC

**Current Principal Place of Business:**

12870 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12870 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 20-1149015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JACKSON, MATTHEW M  
3841 MAXINE ST  
FORT MYERS, FL 33901      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JACKSON, MATTHEW M  
Address: 3841 MAXINE ST  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MATTHEW M. JACKSON

MGRM

05/04/2006

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