

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047670

FILED  
Aug 13, 2006  
Secretary of State

**Entity Name:** INSTALL RIGHT ENTERPRISES,LLC

**Current Principal Place of Business:**

2471 TWIN DRIVE  
SARASOTA, FL 34234

**New Principal Place of Business:**

3116 MERCER ROAD  
BRADENTON, FL 34207

**Current Mailing Address:**

2471 TWIN DRIVE  
SARASOTA, FL 34234

**New Mailing Address:**

3116 MERCER ROAD  
BRADENTON, FL 34207

FEI Number: 59-3636727      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:**

SWORD, ROBERT  
2471 TWIN DRIVE  
SARASOTA, FL 34234      US

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

SWORD, ROBERT  
3116 MERCER ROAD  
BRADENTON, FL 34207      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: \_\_\_\_\_

08/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SWORD, ROBERT  
Address: 2471 TWIN DRIVE  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SWORD, ROBERT  
Address: 3116 MERCER ROAD  
City-St-Zip: BRADENTON, FL 34207

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: ROBERT SWORD

MGR

08/13/2006

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