


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90024 042 \*\*\*\*50.00

<b>DOCUMENT # L04000054124</b>	
<b>1. Entity Name</b> INDEPENDENT BUILDING MATERIALS, LLC	

<b>Principal Place of Business</b> 1903 BRENGLE AVENUE ORLANDO, FL 32808-5601	<b>Mailing Address</b> 1903 BRENGLE AVENUE ORLANDO, FL 32808-5601
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<b>2. Principal Place of Business</b> 6363 EDGEWATER DR. Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 608803 Suite, Apt. #, etc.
<b>City &amp; State</b> ORLANDO, FL	<b>City &amp; State</b> ORLANDO, FL
<b>Zip</b> 32810	<b>Country</b> USA
<b>Zip</b> 32860-8803	<b>Country</b> USA



04162005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 56-2472079	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HADLEY, RALPH V III C/O SWANN & HADLEY, P.A. 1031 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789	
<b>7. Name and Address of New Registered Agent</b> <b>Name</b> RICHARD STISKIN <b>Street Address (P.O. Box Number is Not Acceptable)</b> 3865 NORTH LAKE ORLANDO PKWY <b>City</b> ORLANDO <b>FL</b> <b>Zip Code</b> 32808	

**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 Richard Stiskin RICHARD STISKIN 4/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 STISKIN, RICHARD A 3865 NORTH LAKE ORLANDO PARKWAY ORLANDO, FL 32808 <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
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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:** Richard Stiskin RICHARD STISKIN 4/18/05 407-291-7244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #