


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000068883**  
 1. Entity Name  
 LOWCOUNTRY WINDOWS AND DOORS, LLC



Principal Place of Business	Mailing Address
10330 CHEDOAK COURT 405 JACKSONVILLE, FL 32218	10330 CHEDOAK COURT 405 JACKSONVILLE, FL 32218



01252006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1642555	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, EDWARD R  
 2634 HERSCHEL ST  
 JACKSONVILLE, FL 32204

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSOLIDATED EQUITY, INC. 2634 HERSCHEL ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLASSIC AMERICAN BUILDING AND REMODELING, 1530 ELMAR RD JACKSONVILLE, FL 32218
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000418082  
 02/13/06-80077-019 50.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  **Edward Mitchell**      1-25-06      904 777 0963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #