

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90305 001 ****50.00

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

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

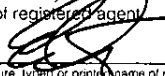
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. #403 City & State Zip	3. Mailing Address Suite, Apt. #, etc. #403 City & State Zip
---	---

01102007 Chg-LLC CR2E083 (12/06)

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

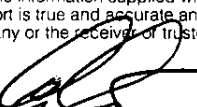
6. Name and Address of Current Registered Agent MITCHELL, EDWARD R 2634 HERSCHEL ST JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10330 Chedoak Court #403 City Jacksonville FL Zip Code 32218

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 1-18-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSOLIDATED EQUITY, INC. 2634 HERSCHEL ST JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10330 Chedoak Court #403 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLASSIC AMERICAN BUILDING AND REMODELING, 1530 ELMAR RD JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.	
SIGNATURE: 	DATE 1-18-07 DAYTIME PHONE # 904-777-0963