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

60014750

01102007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
10330 CHEDOAK COURT 405 JACKSONVILLE, FL 32218	10330 CHEDOAK COURT 405 JACKSONVILLE, FL 32218
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. #403	Suite, Apt. #, etc. #403
City & State	City & State
Zip / Country	Zip / Country

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 [signature] 1-18-07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	10330 Chedoak Court #403	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 1-18-07 904-777-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #