


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000068883 1. Entity Name LOWCOUNTRY WINDOWS AND DOORS, LLC	
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Principal Place of Business 10330 CHEDOAK COURT 403 JACKSONVILLE, FL 32218	Mailing Address 10330 CHEDOAK COURT 403 JACKSONVILLE, FL 32218
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01102008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1642555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, EDWARD R
 10330 CHEDOAK CT #403
 JACKSONVILLE, FL 32218

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

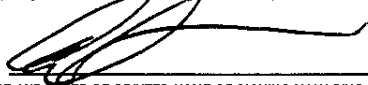
U00000792256
 01/23/08-80108-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSOLIDATED EQUITY, INC. 10330 CHEDOAK CT #403 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLASSIC AMERICAN BUILDING AND REMODELING, 1530 ELMAR RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  1-10-08 904 777-0963

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