

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068883

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: LOWCOUNTRY WINDOWS AND DOORS, LLC

**Current Principal Place of Business:**

10330 CHEDOAK COURT  
403  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

10330 CHEDOAK COURT  
403  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 20-1642555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONSOLIDATED EQUITY,, INC.  
Address: 10330 CHEDOAK CT #403  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete  
Name: CLASSIC AMERICAN BUI, LDING AND REMO D ELING,  
Address: 1530 ELMAR RD  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date