


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000073786 1. Entity Name ALL FLORIDA METAL ROOFS & CONSTRUCTION, LLC |  |
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| Principal Place of Business 530 HARBUCK ROAD DEFUNIAK SPRINGS, FL 32433 US | Mailing Address 530 HARBUCK ROAD DEFUNIAK SPRINGS, FL 32433 US |
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03292006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-2597349 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LOWERY, DEREK S 5813 COUNTY HWY. 2 LAUREL HILL, FL 32567 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

000000540795
05/10/06-80031-020 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROADWAY, ERIC J 530 HARBUCK ROAD DEFUNIAK SPRINGS, FL 32433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOWERY, DEREK S 5813 COUNTY HWY. 2 LAUREL HILL, FL 32567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JONES, WESLEY JR 6300 COUNTY HWY 2 LAUREL HILL, FL 32567 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Eric J. Broadway 22 April 06 546-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAY Daytime Phone #