2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075092

1. Entity Name
KRONE SHUTTERS AND SPECIALTIES, LLC

Principal Place of Business	Mailing Address
1647 JAGUAR CIRCLE APOPKA, FL 32712 US	1647 JAGUAR CIRCLE APOPKA, FL 32712 US

DO NOT WRITE IN THIS SPACE

01312006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1767480
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRONE, RUSSELL D
1647 JAGUAR CIRCLE
APOPKA, FL 32712

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)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KRONE, KELLY A
STREET ADDRESS	1647 JAGUAR CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	MGRM
NAME	KRONE, RUSSELL D
STREET ADDRESS	1647 JAGUAR CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	MGRM
NAME	KRONE II, RUSSELL D
STREET ADDRESS	1647 JAGUAR CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000420041
02/15/06-80031-007 50.00

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: Kelly A Krone 1-31-06 407-889-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #