


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90051 016 \*\*\*\*50.00

**DOCUMENT # L04000085651**

1. Entity Name  
**CONRAD BAAS ROOFING, L.L.C.**



Principal Place of Business  
**140 HUNTER BLVD.  
 CAPE CORAL, FL 33909**

Mailing Address  
**140 HUNTER BLVD.  
 CAPE CORAL, FL 33909**

40058161

2. Principal Place of Business  
**140 HUNTER BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**140 HUNTER BLVD**  
 Suite, Apt. #, etc.



04142006 Chg-LLC CR2E083 (11/05)

City & State  
**CAPE CORAL, FL**

City & State  
**CAPE CORAL, FL**

Zip  
**33909** Country  
**USA**

Zip  
**33909** Country  
**USA**

4. FEI Number  
**45-0472566**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAAS, CONRAD J  
 140 HUNTER BLVD.  
 CAPE CORAL, FL 33909**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Conrad Baas* DATE 4/20/06

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**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAAS, CONRAD J 140 HUNTER BLVD. CAPE CORAL, FL 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAAS, CONRAD J 140 HUNTER BLVD. CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESURER BAAS, CONRAD A. 140 HUNTER BLVD. CAPE CORAL, FL 33909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Conrad Baas* DATE 4/20/06 239-541-1248

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