2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000086134

Entity Name: FORTRESS WALL SYSTEMS LLC

Current Principal Place of Business:

6828 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6828 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-2223684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, JOSEPH H
6828 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32217 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	SQUIRES, RICHARD	
Address:	1851 OLD FLEMING GROVE ROAD	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	MGRM	( ) Delete
Name:	NESBITT, WILLIAM	
Address:	549 CARCABA ROAD, VILANO BEACH	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGRM	( ) Delete
Name:	DAY FAMILY ENTERPRIS, ES LLC	
Address:	6828 ST. AUGUSTINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32217	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 for the exemption stated in Section 119.07(3)(i), 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: JOSEPH H DAY, CFO MGRM 04/28/2005

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