2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 13, 2005 8:00 am
Secretary of State
04-29-2005 90036 001 ****55.00

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02162005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
JOSEPH LONGVER VINLEY SIDING LLC

Principal Place of Business	Mailing Address
127 ASHLEY HALL RD CRAWFORDVILLE, FL 32327	127 ASHLEY HALL RD CRAWFORDVILLE, FL 32327

2. Principal Place of Business	3. Mailing Address
127 Ashley Hall Rd	127 Ashley Hall Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crowfordville	City & State: Crowfordville Fla
Zip: 32327 Country: Wakulla	Zip: 32327 Country: Wakulla

4. FEI Number 113650620 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LONGVER, JOSEPH
127 ASHLEY HALL RD
CRAWFORDVILLE, FL 32327

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 [signature] Aug 20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LONGVER, JOSEPH 127 ASHLEY HALL RD CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DALES, TIMOTHY 127 ASHLEY HALL RD CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] Aug 20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #