


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90201 036 \*\*\*\*50.00

<b>DOCUMENT # L04000090698</b> 1. Entity Name <b>WEATHERBARRIERS UNLIMITED, LLC</b>	
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Principal Place of Business <b>2175 WEST 18TH STREET JACKSONVILLE, FL 32209</b>	Mailing Address <b>2175 WEST 18TH STREET JACKSONVILLE, FL 32209</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2010440</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CHISM, LORIE L ESQ  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KPK INVESTMENTS, LLC 2175 WEST 18TH STREET JACKSONVILLE, FL 32209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CAIN, JEFFREY T 1632 SEWEE FORT ROAD MOUNT PLEASANT, SC 29466</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PETERS, BRIAN 5 17TH AVENUE NORTH JACKSONVILLE, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/19/07**  
Date

**(904) 355-6611**  
Daytime Phone #