

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90349 006 \*\*\*\*55.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L04000091111</b>   |  |  |   |   |  |
| <b>1. Entity Name</b><br>DAVE'S WINDOWS & DOORS, LLC   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>5501 81ST TERRACE N<br>PINELLAS PARK, FL 33782 US  |  |  | <b>Mailing Address</b><br>5501 81ST TERRACE N<br>PINELLAS PARK, FL 33782 US   |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>                                |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                      |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 03112005 Chg-LLC CR2E083 (10/03)                                  |  |
| <b>4. FEI Number</b><br>20-2017789   |  |  |   | Applied For<br>Not Applicable                                     |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>  |  |  |   | <b>\$5.00 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| RAMSBURG, DONALD P<br>5840 54TH AVENUE N<br>SUITE A<br>KENNETH CITY, FL 33709  |  |  | Name <u>David Budzilo</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>5501- 81 Terrace No.</u><br>City <u>Pinellas Park</u> <u>FL</u> Zip Code <u>33781</u> |   |  |
| <b>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.</b>   |  |  |   |   |  |
| SIGNATURE <u>David Budzilo</u> <u>David Budzilo</u> <u>3/12/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE</small>   |  |  |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  | <b>Make check payable to Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BUDZILLO, DAVID<br>5501 81ST TERRACE N<br>PINELLAS PARK, FL 33782 | <input type="checkbox"/> Delete                          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MOORE, TONY L<br>14099 S. BELCHER ROAD, #1001<br>LARGO, FL 33771 | <input type="checkbox"/> Delete                          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>David Budzilo</u>   |  |  |   | <u>3/12/05</u> <u>727-547-6774</u>                                |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |   | <small>Date Daytime Phone #</small>                               |  |