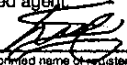


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 011 ****55.00

DOCUMENT # L04000092808					
1. Entity Name THE ECONOMICAL GUTTER LLC					
Principal Place of Business 563 BOURSE CIR LEHIGH ACRES, FL 33936 US			Mailing Address 563 BOURSE CIR LEHIGH ACRES, FL 33936 US		
2. Principal Place of Business 563 BOURSE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 563 BOURSE CIRCLE Suite, Apt. #, etc.			
City & State LEHIGH ACRES FL		City & State LEHIGH ACRES FL		02112005 Chg-LLC CR2E083 (10/03)	
Zip 33936		Country USA		4. FEI Number 20-2145568	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent XAGNAMONGKHON, KHONESAVANH 563 BOURSE CIR LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A 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 		(NOTE: Registered Agent signature required when reinstating)		DATE 03-31-05	
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	MGR XAGNAMONGKHON, KHONESAVANH 563 BOURSE CIR LEHIGH ACRES, FL 33936	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE 03-31-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	