## 2007 LIMITED LIABILITY COMPANY-**ANNUAL REPORT**

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

## **FILED** Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # L05000000546** RT INSULATION, LLC Principal Place of Business Mailing Address 3731 SW SALEM RD 3731 SW SALEM RD LAKE CITY, FL 32024 LAKE CITY, FL 32024 04062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 84-1669443 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, RICHARD DO NOT WRITE 3731 SW SALEM RD LAKE CITY, FL 32024 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 reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MNGR TAYLOR, RICHARD T NAME STREET ADDRESS 3731 SALEM RD CITY-ST-ZIP LAKE CITY, FL 32024 U00000697370 04/18/07-80036-025 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

4-6-07

Daytime Phone #