


**1. Entity Name**  
**MIKE HOLM VINYL SIDING LLC**



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4778 NORTH SALT ROAD MONTICELLO, FL 32344		Mailing Address 4778 NORTH SALT ROAD MONTICELLO, FL 32344			
2. Principal Place of Business		3. Mailing Address		02212006    Chg-LLC    CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLM, MIKE 4778 NORTH SALT ROAD MONTICELLO, FL 32344				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLM, MIKE 4778 NORTH SALT ROAD MONTICELLO, FL 32344 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>600066833736</b>  02/28/06--01050--012    **50.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, WILLIAM 12495 HOLEY ROAD TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDBOE, JASON 1495 HAMPTON PLACE APT. 2 MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN GRANT 3767 BASSETT DAIRY RD MONTICELLO, FLA. 32344 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				2-21-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date    Daytime Phone #</small>	