
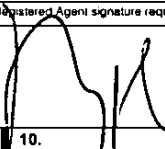
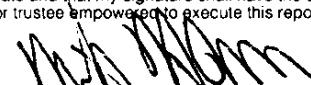


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L05000032105</b><br>1. Entity Name<br><b>MIKE HOLM VINYL SIDING LLC</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>4778 NORTH SALT ROAD<br/>MONTICELLO, FL 32344</b>  |  |   | Mailing Address<br><b>4778 NORTH SALT ROAD<br/>MONTICELLO, FL 32344</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |  |  |
| City & State<br><br>Zip  |  | City & State<br><br>Zip   |   | 4. FEI Number<br><b>20-2535592</b>   |  |
| City & State<br><br>Zip  |  | City & State<br><br>Zip   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HOLM, MIKE<br/>4778 NORTH SALT ROAD<br/>MONTICELLO, FL 32344</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |  |   | Make check payable to<br><b>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>HOLM, MIKE<br>4778 NORTH SALT ROAD<br>MONTICELLO, FL 32344      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>BIZZLE, MATTHEW T<br>165 TECUMSEH RD<br>MONTICELLO, FL 32344   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | MGRM<br>JACK DAVIDSON<br>7842 MECLURE DR<br>TALLA. FLA 32312<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>MCDANIEL, GRANT<br>3190 SPRINGHILL RD<br>TALLAHASSEE, FL 32305 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <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"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | 300127242143<br>04/30/08--01007--017 **138.75<br><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"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <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"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |  |  |
| <b>SIGNATURE:</b>   |  |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |   |  |  |
| Date <b>4-30-08</b> Daytime Phone #  |  |   |   |  |  |

FILED  
08 APR 30 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282008 Chg-LLC CR2E083 (12/06)