2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# L05000032515

Entity Name: BUILDERS INSULATION OF FLORIDA, LLC

Current Principal Place of Business:

4313 TRIANGLE STREET
MCFARLAND, WI 53558

New Principal Place of Business:

Current Mailing Address:

4313 TRIANGLE STREET
MCFARLAND, WI 53558

New Mailing Address:

P.O. BOX 620666
ORLANDO, FL 32862

FEI Number: 20-0512798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MURPHY, MARK
Address: 4313 TRIANGLE STREET
City-St-Zip: MCFARLAND, WI 53558

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MURPHY, MARK
Address: 10036 TAVISTOCK ROAD
City-St-Zip: ORLANDO, FL 32827

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK MURPHY MGRM 05/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date