

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037032

Entity Name: MCCABE RESCREEN LLC

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

1614 S. WARREN AVE.
LAKELAND, FL 33803

New Principal Place of Business:

1614 S. WARREN AVE.
LAKELAND, FL 33803

Current Mailing Address:

1614 S. WARREN AVE.
LAKELAND, FL 33803

New Mailing Address:

1614 S. WARREN AVE.
LAKELAND, FL 33803

FEI Number: 03-0559457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, BRUCE
1614 S. WARREN AVE.
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

MCCABE, BRUCE
1614 S. WARREN AVE.
LAKELAND, FL 33803 US

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:

01/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCABE, BRUCE
Address: 1614 S. WARREN AVE.
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: MCCABE, DARELL
Address: 1614 S. WARREN AVE.
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: SCHOFIELD, CHAD
Address: 302 WEST PARK ST.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE MCCABE

MGRM

01/08/2006

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