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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Creative Windows of (Name of	Florida, LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Brett D. Orlove, Esq. (Name of Person)	
Grossberg, Yochelson, Fox & (Firm/Company)	Beyda, LLP
2000 L Street, NW, Suite 675	
Washington, D.C. 20036 (City/State and Zip Code)	SEC TALL
For further information concerning this m	SECRETARY OF ALLAHASSEE, FI
Brett D. Orlove, Esq.	at (202) 296-9696 =
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
 ▼ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: Creative Windows of Florida, LLC 2. The mailing address of the limited liability company is: 5185 North Bay Road, Miami, Florida 33140 May 4, 2005 L05000047183 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: James R. Wieger Name 5185 North Bay Road Florida street address (P.O. Box NOT acceptable) Miami, 33140 City. State and Zip If the limited liability company is not organized under the laws of the State of Florida, if is hereby confirmed that after the change or changes are made, the Florida street address of the registered of fice and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) James R. Wieger, Manager (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)