
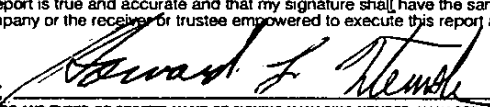


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90037 005 \*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L05000049794</b><br>1. Entity Name<br><b>HEW COMPLETE WINDOW TREATMENT, LLC</b>  |   |  |   |                                  |  |
| Principal Place of Business<br><b>2940 E AVIARY DRIVE<br/>COOPER CITY, FL 33026</b>  |   |  | Mailing Address<br><b>2940 E AVIARY DRIVE<br/>COOPER CITY, FL 33026</b> |   |  |
| 2. Principal Place of Business   |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.   |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  |   | Country  |   | Zip   |  |
| Country  |   | Country  |   | 4. FEI Number   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEINSTEIN, HOWARD L<br/>2940 E. AVIARY DRIVE<br/>COOPER CITY, FL 33026</b>   |   |  |   | 7. Name and Address of New Registered Agent<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.  |   |  |   | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>WEINSTEIN, HOWARD L<br>2940 E. AVIARY DRIVE<br>COOPER CITY, FL 33026 |  | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <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"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <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"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <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   |   |  |   |   |  |
| Daytime Phone #  |   |  |   |   |  |

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