2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066775

Principal Place of Business

1855 WEST STATE ROAD 434

ATTN: VALLI RITENOUR

LONGWOOD, FL 32750

STEÉL CURTAIN OF CENTRAL FLORIDA, LLC



Mailing Address

ATTN: VALLI RITENOUR 1855 WEST STATE ROAD 434 LONGWOOD, FL 32750

FILED Feb 25, 2008 08:00 AM Secretary of State



02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3109987

Applied For Not Applical

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO	NOT	WRITE	IN	THIS	SPACE

6. Name and Address of Current Registered Agent

MORAN, THOMAS P 111 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 acce

9.

TITLE

NAME STREET ADDRESS Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

2165 ALAQUA DRIVE

LONGWOOD, FL 32779

MANAGING MEMBERS/MANAGERS

MGR RITENOUR, JOHN K

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY - ST- ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

IN THIS SPACE

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.