

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 24, 2006
Secretary of State**

DOCUMENT# L05000067736

Entity Name: ATLANTIC COAST SHUTTER SUPPLY, LLC

Current Principal Place of Business:

1307 CREPE MYRTLE LANE
PORT ORANGE, FL 32128

New Principal Place of Business:

1290 HAND AVE. #B
ORMOND BEACH, FL 32174

Current Mailing Address:

1307 CREPE MYRTLE LANE
PORT ORANGE, FL 32128

New Mailing Address:

1290 HAND AVE. #B
ORMOND BEACH, FL 32174

FEI Number: 20-3160896 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:

Name and Address of New Registered Agent:

BURKETT, WILLIAM G
1307 CREPE MYRTLE LANE
PORT ORANGE, FL 32128 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BURKETT, WILLIAM G
Address: 1307 CREPE MYRTLE LANE
City-St-Zip: PORT ORANGE, FL 32128

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: WILLIAM G BURKETT

MGR

07/24/2006

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