

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000067959</b> 1. Entity Name <b>FLORIDA WINDOW PROTECTION LLC</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 MAR -7 PM 2:36</div> <div style="font-size: 0.8em;">             SECRETARY OF STATE  <del>TALLAHASSEE, FLORIDA</del>              03/08/06 -- 01001--002 **100.00              500007332005           </div>	
Principal Place of Business <b>2135 N MONROE ST TALLAHASSEE, FL 32303</b>				Mailing Address <b>2135 N MONROE ST TALLAHASSEE, FL 32303</b>			
2. Principal Place of Business <b>2418 N Monroe St #210</b>				3. Mailing Address <b>2418 N. Monroe St #210</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>				City & State <b>Tallahassee, FL</b>			
Zip <b>32303</b>		Country <b>USA</b>		Zip <b>32303</b>		Country <b>USA</b>	
4. FEI Number <b>35-2258006</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MAYER, JERRY 2135 N MONROE ST TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name <b>David Sills</b> Street Address (P.O. Box Number is Not Acceptable) <b>2418 N Monroe St #210</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>			
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. SIGNATURE <span style="float: right; margin-right: 50px;"><b>3-7-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYER, JERRY 2135 N MONROE ST TALLAHASSEE, FL 32303			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILLS, DAVE 2135 N MONROE ST TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px; border: 1px solid black;"></div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px; border: 1px solid black;"></div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px; border: 1px solid black;"></div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.							
SIGNATURE:				<b>3-7-06</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			