## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070460



FILED Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90008 047 \*\*\*\*50.00

GENERAL BUILDINGS SYSTEMS, LLC									
Principal Place of Business Mailing Address 11340 ROCKET BOULEVARD 0RLANDO, FL 32824 0RLANDO, FL 32824						2060: Dikk Melli Kolii Kolii		81815 <b>4</b>    } 81	(EG) (() INEJ
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State							plied For at Applicable
Zip	Country Zip		Coun	ry	-	of Status Desired	<b>\$</b>	5.00 Add	litional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Ro	egistered Aq	jent	
NDALGED/IGEG ING				Name					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4				Street Address (P.O. Box Number is Not Acceptable)					
WESTON, FL 33331									
				City			FL	Zip Cod	i
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or registe	ered agent, or both	n, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)		DATE		
						***			
Filing Fee is \$50.00 Due by May 1, 2006							check pay Departmen		e
9.	MANAGING MEMBERS/MANAGERS 10.					ADDITIONS/	CHANGES		
TITLE	MGRM Delete		TITLE					Change	☐ Addition
NAME STREET ADDRESS	MARKLE, DAVID G	ENIL 1E	NAME						
CITY-ST-ZIP				T ADDRESS ST-ZIP					}
TITLE NAME	MGRM EVILSIZER, RICHARD L	☐ Delete	TITLE	45-	m/			<b>X</b> Change	☐ Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					BOULEVAR	p		
CITY-ST-ZIP				ST-ZIP OR	CANDO, FE	22824			
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	BOBBITT, DAVID M 1621 SOUTH EUCALYPTUS AVE	TNII PE	. NAME	T ADDRESS					
CITY-ST-ZIP	•			ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE				l	Change	Addition
NAME	MARTIN, DEBORAH C								
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	BROKEN ARROW, OK 74012	□ Balas	TITLE	51-41				Change	Addition
TITLE NAME		☐ Delete	NAME				1	] Change	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	Ì			İ	Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
				,					

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.