2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 17, 2008
Secretary of State

DOCUMENT# L05000073643

Entity Name: BREEZ SCREENS, LLC

Current Principal Place of Business:

4863 S.W. LAKE GROVE CIRCLE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4863 S.W. LAKE GROVE CIRCLE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 04-3821234 **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:

MASTROIANNI, MARIA R
4863 SW LAKE GROVE CIRCLE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

Title:	MGR	( ) Delete
Name:	MASTROIANNI, MARIA R	
Address:	4863 S.W. LAKE GROVE CIRCLE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	O	( ) Delete
Name:	BLACK, ADAM	
Address:	1700 CRESTWOOD CT S	
City-St-Zip:	ROYAL PALM, FL 33411	
Title:	O	( ) Delete
Name:	WANSER, JOSEPH	
Address:	1700 CRESTWOOD CT S	
City-St-Zip:	ROYAL PALM, FL 33411	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: MARIA R MASTROIANNI OWNE 09/17/2008

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