

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076419

Entity Name: AMERICAN DECKS, LLC

FILED
Jul 16, 2006
Secretary of State

Current Principal Place of Business:

2705 ERIN ROAD
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

2705 ERIN ROAD
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 20-3253785 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:

BLACK, GLENN W JR
3120 W 23RD STREET
PANAMA CITY, FL 32405 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:

Title: MGRM () Delete
Name: DAHL, RON
Address: 2705 ERIN ROAD
City-St-Zip: ORLANDO, FL 32406

Title: MGR () Delete
Name: BLACK, GLENN W JR
Address: 3120 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR () Delete
Name: DAHL, CHRIS
Address: 1218 PERKINS ROAD
City-St-Zip: ORLANDO, FL 32409

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 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: RONALD L. DAHL

MGRM

07/16/2006

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