
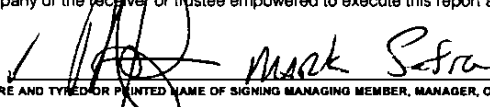


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90258 032 \*\*\*\*50.00

<b>DOCUMENT # L05000078836</b> 1. Entity Name <b>WROL-UP SHADES AND SHUTTERS, LLC</b>					
Principal Place of Business <b>9900 STIRLING ROAD SUITE #304 COOPER CITY, FL 33324</b>			Mailing Address <b>9900 STIRLING ROAD SUITE #304 COOPER CITY, FL 33324</b>		
2. Principal Place of Business - No P.O. Box <b>8688 GRIFFIN ROAD</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>COOPER CITY, FL</b>			City & State 		
Zip <b>33328</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STILLMAN, JOHN 9900 STIRLING RD SUITE #304 COOPER CITY, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>MARK SAFRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8688 GRIFFIN ROAD</b> City <b>COOPER CITY</b> <b>FL</b> Zip Code <b>33328</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	<b>MGR STILLMAN, JOHN 1112 JEFFERSON ST HOLLYWOOD, FL 33019</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MARK SAFRA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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		<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		<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.					
<b>SIGNATURE:</b> 			Date <b>4/15/07</b> Daytime Phone # <b>954-274-5490</b>		