2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000083279

Entity Name: DEAN POPPELL SIDING, LLC

Current Principal Place of Business:

24 SWIFT PASS
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

8806 FLICKER RD.
TALLAHASSEE, FL 32305

Current Mailing Address:

24 SWIFT PASS
CRAWFORDVILLE, FL 32327

New Mailing Address:

8806 FLICKER RD.
TALLAHASSEE, FL 32305

FEI Number: 04-3763195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPPELL, ANDREW D
24 SWIFT PASS
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

POPPELL, ANDREW D
8806 FLICKER RD.
TALLAHASSEE, FL 32305 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: 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: POPPELL, DEAN
Address: 24 SWIFT PASS
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR ( ) Delete
Name: ROGERS, CURTIS
Address: 24 SWIFT PASS
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: POPPELL, DEAN
Address: 8806 FLICKER RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR (X) Change ( ) Addition
Name: ROGERS, CURTIS
Address: 8806 FLICKER RD.
City-St-Zip: TALLAHASSEE, FL 32305

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: DEAN POPPELL MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date