

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084165

Entity Name: RESIDENTIAL INSULATION, LLC

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

6633 STARDUST LN  
ORLANDO, FL 32818

## New Principal Place of Business:

698 MAROT ST  
ORLANDO, FL 32809

## Current Mailing Address:

6633 STARDUST LN  
ORLANDO, FL 32818

## New Mailing Address:

698 MAROT ST  
ORLANDO, FL 32809

FEI Number: 20-3365589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINKLER, DANIEL E  
6633 STARDUST LN  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

WINKLER, DANIEL E  
698 MAROT ST  
ORLANDO, FL 32809 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:

01/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WINKLER, DANIEL E  
Address: 6633 STARDUST LN  
City-St-Zip: ORLANDO, FL 32818

Title: MGRM (X) Delete  
Name: WINKLER, MICHAEL H  
Address: 6633 STARDUST LN  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: WINKLER, DANIEL E  
Address: 698 MAROT ST  
City-St-Zip: ORLANDO, FL 32809

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: DANIEL E WINKLER

CEO

01/06/2006

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