2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L05000087885 Jan 24, 2007 08:00 AM 1. Entity Namo LORD ALUMINUM AND VINYL, LLC **Secretary of State** Principal Place of Business Mailing Address 5337 AMETHYST LANE 5337 AMETHYST LANE CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 16-1731193 Not Applicable Ζıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LORD, DAVID W Street Address (P.O. Box Number is Not Acceptable) 5337 AMETHYST LANE CHIPLEY FL 32428 City Zip Code 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. (NOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 100 ☐ Defete Change Addition MGRM NAM LORD, DAVID W U000000602363 STRUET ADDRESS STREET ADDRESS 5337 AMETHYST LANE 01/26/07-80087-008 55.00 CHY-SI-ZIF CHY-ST-712 CHIPLEY FL 32428 HIII ☐ Delete Change ■ Addition NAMI NAM STREET ADDRESS STREET LADDRESS CHY-SI-7IP CHY-S1-76 1000 Delete Change ☐ Addition 11111 NAME NAMI STREET ADDRESS SIRELLADDRESS CITY-Si-zir CHY-ST-ZIP Change IIILE ☐ Addition Delete THE NAME NAMI STREET ADDRESS STREET LADORESS C11Y - S1 - 71P CHY-ST-ZIP DHE ☐ Delcte □ Change Addition HHI NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-S1-7P THE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am a managing member or manager of the similar time that it is not that it

Daytime Phone #

CHY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY - ST - ZIP