


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90016 013 ****50.00

DOCUMENT # L05000089211					
1. Entity Name FLORIDA SCREEN & ENCLOSURES LLC					
Principal Place of Business 3060 WEST THARPE STREET TALLAHASSEE, FL 32303-118 US			Mailing Address 3050 WEST THARPE STREET TALLAHASSEE, FL 32303-1184 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3438143					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LEONARD, COMAN C 3050 WEST THARPE STREET TALLAHASSEE, FL 32303-1184			7. Name and Address of New Registered Agent Name <u>Bobette L. Stubblefield</u> Street Address (P.O. Box Number is Not Acceptable) <u>3050 W. Tharpe Street</u> City <u>Tallahassee</u> FL Zip Code <u>32303</u>		
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 <u>[Signature]</u> DATE <u>4/19/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAUSS INVESTMENTS INC 3050 W THARPE STREET TALLAHASSEE, FL 323031184	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member (MGRM) Jesse H. Stubblefield 3050 W. Tharpe Street Tallahassee, FL 32303
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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.					
SIGNATURE: <u>Theodore B. Strauss, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>4/19/06</u>		DAYTIME PHONE # <u>576 3118</u>