
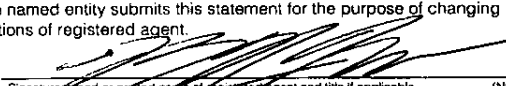
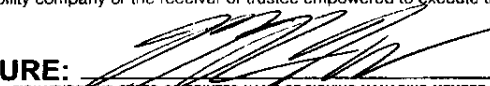


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90093 044 ****55.00

DOCUMENT # L05000098798 1. Entity Name DELTA ROOFING OF FLORIDA, LLC					
Principal Place of Business 12700 BARTRAM PARK BLVD UNIT 437 JACKSONVILLE, FL 32258				Mailing Address 12700 BARTRAM PARK BLVD UNIT 437 JACKSONVILLE, FL 32258	
2. Principal Place of Business 6695 COLRAY COURT Suite, Apt. #, etc. 302		3. Mailing Address 6695 COLRAY COURT Suite, Apt. #, etc. 302			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-3569689	
Zip 32258		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARLOW, BRIAN 6695 COLRAY COURT SUITE #302 JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12700 BARTRAM PARK BLVD UNIT #437 City JACKSONVILLE FL Zip Code 32258	
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  DATE 7-14-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, BRETT D 2 STERLING ROAD NO. BILLERICA, MA 01862	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, PETER R 2 STERLING ROAD NO. BILLERICA, MA 01862	<input type="checkbox"/> Delete		<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"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 				Date 7-14-06 Daytime Phone # 904-292-1592	