


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # L05000107077**  
 1. Entity Name  
**BIG BEND WINDOWS AND DOORS, LLC**



Principal Place of Business  
**508-A CAPITAL CIRCLE, S.E.  
 TALLAHASSEE, FL 32301**

Mailing Address  
**508-A CAPITAL CIRCLE, S.E.  
 TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3757080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BIST, MICHAEL P  
 1300 THOMASWOOD DRIVE  
 TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TURNER, FREDERICK E 508-A CAPITAL CIRCLE, S.E. TALLAHASSEE, FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TURNER, DOUGLAS E 508-A CAPITAL CIR, SE TALLAHASSEE, FL 32301</b>
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_