

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111230

Entity Name: J & J SHUTTERS, LLC

FILED
May 06, 2006
Secretary of State

Current Principal Place of Business:

215 JEFFERSON AVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

215 JEFFERSON AVE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 20-3816022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEGENKA, JIM
215 JEFFERSON AVE
CAPE CANAVERAL, FL 32920 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEGENKA, JIM
Address: 215 JEFFERSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: WEGENKA, JENNIFER E
Address: 215 JEFFERSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: FISCHER, CARL
Address: 215 JEFFERSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIM WEGENKA

MGR

05/06/2006

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