

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000112194	
1. Entity Name S AND P VINYL LLC	



FILED

06 MAY -4 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2656 ONYX TRL. TALLAHASSEE, FL 32303	Mailing Address 2656 ONYX TRL. TALLAHASSEE, FL 32303
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	---

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	
PERKINS, SCOTT 2656 ONYX TRL. TALLAHASSEE, FL 32303	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

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

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	MGRM PERKINS, SCOTT 2656 ONYX TRL. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALWARD, LUCAS 2656 ONYX TRL. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Keith Alaoy mgrm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2656 Onyx trl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Change <input type="checkbox"/> Addition

100074668491
05/16/06--01036--016 **\$50.00

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>[Signature]</u>	Date: <u>5-4-06</u>	Daytime Phone #: <u>556-8218</u>
-------------------------------	---------------------	----------------------------------

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

Date

Daytime Phone #