2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000113568 1. Entity Name A-1 GUTTER SYSTEMS, LLC						04-20-2006	90026 004 ***	*55.00
Principal Place of Business 1188 D M EARNEST ROAD AVON PARK, FL 33825 Mailing Address 1188 D M EARNEST ROAD AVON PARK, FL 33825 AVON PARK, FL 33825					, impremie den	-	33232	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152006	Chg-LLC	CR2E083 (11/05)	ŀ	
City & State		City & State		4. FEI Numbe			pplied For ot Applicable	
Zip	Country	Zip	Zip Country			of Status Desired	\$5.00 Ad Fee Require	ditional
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New Re	gistered Agent	
				Name			,	
LEE, JOHN W 1188 D M EARNEST ROAD AVON PARK, FL 33825				Street Address (P.O. Box Number is Not Acceptable)				
				City			□	ie .
							FL	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or boti	h, in the State of Flori	ida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered	d Agent signature require	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to Florida Department of State				
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Fi Da	ling Fee is \$50.00 ue by May 1, 2008 MANAGING MEMBEF	RS/MANAGERS	10.				Department of Sta	to
Di	ue by May 1, 2006		10.			Florida	Department of Sta	
9.	ue by May 1, 2006 MANAGING MEMBEF	RS/MANAGERS	-1	1		Florida	Department of Star	Addition
9. mæ	MANAGING MEMBER		T/TLE NAME	1		Florida	Department of Star	
9. TITLE NAME	MANAGING MEMBER MGRM LEE, JOHN W		TITLE NAME STREE	E		Florida	Department of Star	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM LEE, JOHN W 1188 D M EARNEST ROAD		TITLE NAME STREE	E Et adoress -st-zip		Florida	Department of Star	
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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.

4-18-06 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGHDING ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #