

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114731

Entity Name: BOSTON WINDOWS, LLC

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

1107 MILLER STREET
A3
FRUITLAND PARK, FL 34731

New Principal Place of Business:

32736 BLOSSOM LANE
LEESBURG, FL 34748

Current Mailing Address:

1107 MILLER STREET
A3
FRUITLAND PARK, FL 34731

New Mailing Address:

32736 BLOSSOM LANE
LEESBURG, FL 34748

FEI Number: 20-3861113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSTON, DAVID A
1107 MILLER STREET
A3
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

BOSTON, DAVID A
32736 BLOSSOM LANE
LEESBURG, FL 34748 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:

02/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOSTON, DAVID A
Address: 1107 MILLER STREET APT. A3
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGRM () Delete
Name: BOSTON, STEVE E
Address: 800 PHOENIX AV
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOSTON, DAVID A
Address: 32736
City-St-Zip: LEESBURG, FL 34748

Title: MGRM (X) Change () Addition
Name: BOSTON, STEVE M
Address: 800 PHOENIX AV
City-St-Zip: FRUITLAND PARK, FL 34731

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: DAVID BOSTON

MGRM

02/16/2006

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