

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019581

FILED
May 11, 2007
Secretary of State

Entity Name: HALVORSON CUSTOM SHUTTERS, LLC

Current Principal Place of Business:

423 SW 39TH TER
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

423 SW 39TH TER
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 71-0995872 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:

HALVORSON, ROBERT EARL
423 SW 39TH TER
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: HALVORSON, ROBERT EARL
Address: 423 SW 39TH TER
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: HALVORSON, CLARA L
Address: 423 SW 39TH TER
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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 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: ROBERT E HALVORSON

MR

05/11/2007

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