

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028384

FILED
Jan 10, 2007
Secretary of State

Entity Name: EAGLE ROOFING PRODUCTS FLORIDA LLC

Current Principal Place of Business:

1407 E. COUNTY ROAD 470
SUMTERVILLE, FL 33585

New Principal Place of Business:

1575 EAST CR 470
SUMTERVILLE, FL 33585

Current Mailing Address:

DRAWER 338
SUMTERVILLE, FL 33585

New Mailing Address:

FEI Number: 20-4513025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE. 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MANLOVE, GARY
1575 EAST CR 470
SUMTERVILLE, FL 33585 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: GARY MANLOVE

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BURLINGAME, ROBERT C
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377 US

Title: MGR () Change (X) Addition
Name: BURLINGAME, SEAMUS P
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377 US

Title: MGR () Change (X) Addition
Name: BURLINGAME, KEVIN C
Address: 3546 N RIVERSIDE AVE
City-St-Zip: RIALTO, CA 92377 US

Title: MGR () Change (X) Addition
Name: ANDERSON, JOE H JR
Address: BOX 38, STATE ROAD 349 NORTH
City-St-Zip: OLD TOWN, FL 32680 US

Title: MGR () Change (X) Addition
Name: ANDERSON, JOE H III
Address: BOX 38, STATE ROAD 349 NORTH
City-St-Zip: OLD TOWN, FL 32680 US

Title: MGR () Change (X) Addition
Name: ANDERSON, M. D
Address: BOX 38, STATE ROAD 349 NORTH
City-St-Zip: OLD TOWN, FL 32680 US

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: SEAMUS P. BURLINGAME

MGR

01/10/2007

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