

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034322

FILED  
Feb 14, 2007  
Secretary of State

**Entity Name:** FIVE STAR SEAMLESS GUTTERS, LLC

**Current Principal Place of Business:**

6910 FRIENDSHIP DRIVE  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

6910 FRIENDSHIP DRIVE  
SARASOTA, FL 34241

**New Mailing Address:**

**FEI Number:** 20-4608220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTEJANO, MIKE  
6910 FRIENDSHIP DRIVE  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

PERRY, DANIEL  
6910 FRIENDSHIP DRIVE  
SARASOTA, FL 34241 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: DANIEL PERRY

02/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MONTEJANO, MIKE  
Address: 6110 NEW PARIS WAY  
City-St-Zip: ELLENTON, FL 34222

Title: MGRM (X) Delete  
Name: PERRY, DAN  
Address: 6910 FRIENDSHIP DRIVE  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PERRY, DANIEL  
Address: 6910 FRIENDSHIP DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL PERRY

MGRM

02/14/2007

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