

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90150 001 \*\*\*100.00

<b>DOCUMENT # L06000042817</b> 1. Entity Name <b>ADVANCED WINDOW TINTING, LLC</b>					
Principal Place of Business 11167 WEST BEAVER ST. JACKSONVILLE, FL 32220			Mailing Address 11167 WEST BEAVER ST. JACKSONVILLE, FL 32220		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04112007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>87-0767368</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TILLMAN, RICHARD D</b> <b>11167 WEST BEAVER ST.</b> <b>JACKSONVILLE, FL 32220</b>			7. Name and Address of New Registered Agent Name <b>Traci Stewart</b> Street Address (P.O. Box Number is Not Acceptable) <b>1203 Heritage Estate Trce</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32220</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Traci R Stewart</i></u> DATE <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>manager</b> <b>James Stewart</b> <b>1203 Heritage Estate Tr.</b> <b>Jax, FL 32220</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>manager</b> <b>Richard Tillman</b> <b>9506 Hood Rd</b> <b>Jax, FL 32257</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Traci Stewart</b> <b>manager</b> <b>1203 Heritage Estate Trce</b> <b>Jax, FL 32220</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>manager</b> <b>Rene Tillman</b> <b>9506 Hood Rd</b> <b>Jax, FL 32257</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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.					
<b>SIGNATURE:</b> <u><i>Traci R Stewart</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/24/07</u> <u>904.783.7079</u> <small>Date Daytime Phone #</small>		