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Secretary of State

05-09-2007 90029 033 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/9

DOCUMENT# L06000052300

1. Entity Name

JESSE COATES ALUMINUM / VINYL L.L.C.

Principal Place of Business	Mailing Address
5321 YANCY DR PACE FL 32571	5321 YANCY DR PACE FL 32571

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5321 Yancy Dr.		5321 Yancy Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: pace, FL		City & State: pace, FL	
Zip: 32571	Country	Zip: 32571	Country

4. FEI Number: 55-0876869 EIn # — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COATES, LARRY
1615 PAULINE ST
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name: Larry Coates

Street Address (P.O. Box Number is Not Acceptable): 1615 pauline St

City: Cantonment FL Zip Code: 32533

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: Larry J. Coates — 4-29-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Jesse Coates 5321 Yancy Dr. pace FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Jesse Coat. — 4-27-07 — 850-777-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #