

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058615

Entity Name: HALIFAX STORM SHUTTERS, LLC

FILED  
Jul 17, 2007  
Secretary of State

## Current Principal Place of Business:

600 OAK STREET, UNIT C  
PORT ORANGE, FL 32127

## New Principal Place of Business:

600 OAK STREET,  
SUITE 3C  
PORT ORANGE, FL 32127

## Current Mailing Address:

600 OAK STREET, UNIT C  
PORT ORANGE, FL 32127

## New Mailing Address:

600 OAK STREET  
SUITE 3C  
PORT ORANGE, FL 32127

FEI Number: 20-5022080      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:

LOCKWOOD, JAMES  
600 OAK STREET, UNIT C  
PORT ORANGE, FL 32127      US

## Name and Address of New Registered Agent:

LOCKWOOD, JAMES  
600 OAK STREET,  
SUITE 3C  
PORT ORANGE, FL 32127 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: \_\_\_\_\_

07/17/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: LOCKWOOD, JAMES  
Address: 600 OAK STREET, UNIT C  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES:

Title: PRES      (X) Change      ( ) Addition  
Name: LOCKWOOD, JAMES  
Address: 600 OAK STREET, SUITE 3C  
City-St-Zip: PORT ORANGE, FL 32127

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: JAMES M. LOCKWOOD

PRES

07/17/2007

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