2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

STREET ADDRESS

CHY ST-ZIP

Feb 14, 2007 8:00 am Secretary of State DOCUMENT # L06000092803 1. Entity Name 02-14-2007 90220 033 ****50.00 PREMIUM WINDOWS AND DOORS, LLC Principal Place of Business Mailing Address 3188 SANTA MARGARITA RD. WEST PALM BEACH FL 33411 6901 OKEECHOBEE BLVD. K-6 WEST PALM BEACH FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number 0877 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEPEC, DUSAN Street Address (P.O. Box Number is Not Acceptable) 3188 SANTA MARGARITA RD. WEST PALM BEACH FL 33411 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING-MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ша ☐ Delete 11121 ☐ Change MGRM ☐ Addition NAME NAME KLEPEC, DUSAN STRUCT ADDRESS 3188 SANTA MARGARITA RD. STREET ADDRESS CHY ST ZIP WEST PALM BEACH FL 33411 CITY ST 7IP Delete ☐ Change Addition MGRM KLEPEC, DONA STREET ADDRESS 3188 SANTA MARGARITA RD. STREET ADDRESS CHY ST ZIP WEST PALM BEACH FL 33411 CITY ST ZIP ☐ Chance ☐ Addition 11111 Delete THE NAMI NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 74P HILL Delete ши ☐ Change Addition NAMI NAMI STREET LADDRESS STREET ADDRESS CITY ST-ZIP CHY SEZIP IIILE ☐ Delete 11111 ☐ Change Addition NAM NAME STREET ADDRESS STRELLADDRESS CHY ST-7IP CHY ST ZIP THU Delete HHE ☐ Addition Change NAME NAME

FILED

DUSAN KLEPEC SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY ST ZIP

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 logal effect as if made under eath; 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.