

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105222

FILED  
May 07, 2007  
Secretary of State

Entity Name: CUSTOM WINDOW CREATIONS, LLC

**Current Principal Place of Business:**

1865 PALM COVE BLVD.  
#105  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

625 CASA LOMA BLVD  
#1404  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

1865 PALM COVE BLVD.  
#105  
DELRAY BEACH, FL 33445

**New Mailing Address:**

625 CASA LOMA BLVD  
#1404  
BOYNTON BEACH, FL 33435

FEI Number: 06-1798234      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:**

WENDER, MAXWELL S  
1865 PALM COVE BLVD.  
#105  
DELRAY BEACH, FL 33445 US

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

WENDER, MAXWELL S  
625 CASA LOMA BLVD  
#1404  
BOYNTON BEACH, FL 33435 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: \_\_\_\_\_

05/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: WENDER, MAXWELL S OWNER  
Address: 625 CASA LOMA BLVD #1404  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: MAXWELL S WENDER

MR.

05/07/2007

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