## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Jun 05, 2008 8:00 am Secretary of State 04-17-2008 90171 006 \*\*\*138.75

DOCUMENT # L0700067616  1. Entity Name GULFSTREAM WINDOWS & SLIDING DOORS LLC										• •		
Principal Place of Business 831 SE 1ST WAY DEERFIELD BEACH, FL 33441 US				Mailing Addre 831 SE 1ST DEERFIELD I		141 US	 1	B com 1028 com 601	8415 845 H	0878 mmm	3. Marin	
2. Principal Place of Business - No P.O. Box #				3. Mailing Add	iress							
Suite, Apt. #, etc.				Suite, Apt. #	, elc.		03042008	Chg-LLC	CR2E	083 (12/06)		
City & State				City & State			4. FEI Numb	-043	7098	Nk.	pplied For xt Applicable	
Zip 	Country					ountry	<u> L</u>	e of Status Desire		\$5.00 Add		
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of He	W Hegistered	Agem		
FOSTER, CAROL A 831 SE 1ST WAY DEERFIELD BEACH, FL 33441						Street Address	Street Address (P.Q. Box Number is Not Acceptable)					
						City	<del></del>		FL	Zip Cod	•	
	named entitions of regist		ment for th	ne purpose of c	hanging its regis	stered office or registe	ered agent, or bo	oth, in the State o	of Florida. I am	tamiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registers	ed agent and	title if epplicable.	(NOTE: Reg	eleted Agent signature require	d when reinstating)		DATE		<u>· ·                                   </u>	
		FEE 18 \$138.79 Fee will be \$5			7. 6. 6.	h l			Make check p			
9.		MANAGING N	MEMBERS	/MANAGERS		10.		ADDITIO	INS/CHANGES	-		
TITLE NAME	MGRM	CAROL A			Delete	TITLE				Change	Addition	
STREET ADDRESS	2671 SW	12TH STREET LD BEACH, FL 3	33442			STREET ADDRESS CITY-ST-ZIP						
TITLE	MGRM FOSTER.	<u></u>				TITLE NAME				☐ Change	Addition	
STREET ADDRESS City-St-Zip		12TH STREET LD BEACH, FL 3	33442			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						TITLE NAME		·		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP				_	_	
TYTLE NAME						TITLE				Change	☐ Addition	
STREET ADDRESS City-St-Zip						STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						TITLE		······		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP		•				
TITLE CO. 1542	142.4					TITLE NAME	<del></del>			☐ Changa **	Addition	
STREET ADDRESS CITY-ST-ZIP		$\wedge$	. 1			STREET ADDRESS			. ~			
11. I hereby certify that the information supplied with his filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: MY 1054 2 00 954421-0390												