2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90149 031 ***138.75

DOCUMENT # L07000078682

1. Entity Name
FRAMELESS SHOWER DOORS OF WEST PALM BEACH, LLC

Principal Place of Business	Mailing Address
11550 WILES ROAD SUITE 2 CORAL SPRINGS FL 33076 US	11550 WILES ROAD SUITE 2 CORAL SPRINGS FL 33076 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 26-0902014 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUCCI, MARK S 5561 NORTH UNIVERSITY DRIVE SUITE 102 CORAL SPRINGS FL 33067	Name John V. Serino Street Address (P.O. Box Number is Not Acceptable) 11550 Wiles Road Suite 2 City Coral Springs FL Zip Code 33076

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: [signature] 4-4-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAMELESS SHOWER DOORS, LLC 11550 WILES ROAD, SUITE 2 CORAL SPRINGS FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INESON, WILLIAM A 284 N COUNTRY CLUB DRIVE ATLANTIS FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William Ineson 7013 NW 40 Ct Coral Springs FL ~~33065~~ 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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: [signature] 4-4-08 954-757-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #