

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 APR 28 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001231**

INSULWALL, L.C.  
1000 CARROLL STREET  
CLERMONT FL 34712-0158

1a. Principal Place of Business Address  
1000 CARROLL STREET  
CLERMONT FL 34712

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		P.O. Box 120370		11/22/1996		FL	
City & State		Clermont FL		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		34712-0370		5. Date of Last Report		6. Certificate of Status Desired	
Country		U.S.A.				SB 75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent  
HAMES, LAURENCE C ESQ.  
SALLEY, FEINBERG, HAMES & HINTZE, P.  
390 N. ORANGE AVE., SUITE 2500  
ORLANDO FL 32801

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PRUITT, RICHARD A	1000 CARROLL STREET	CLERMONT FL
MGR	TOWELL, DENNIS K	1000 CARROLL STREET	CLERMONT FL
MGR	WOLFE, LAWSON L	1000 CARROLL STREET	CLERMONT FL

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\*\*\*\*203.75 \*\*\*\*203.75  
A. Alan  
4-28-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date Daytime Phone #