File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR - 1 PM 3: 16 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Name and Mailing Address DOCUMENT # L98000002505 of Limited Liability Company 1a. Principal Place of Business Address WESTAR WINDOW FILMS, L.L.C. 801 WEST BAY DRIVE, SUITE 436 801 WEST BAY DRIVE, SUITE 43 LARGO FL 33770-3220 LARGO FL 33770 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/02/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3541687 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country 2<sub>ip</sub> Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MARTIN, ROB Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DRIVE, SUITE 436 LARGO FL 33770 Suite Apt #, etc 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. (Rugistered Agent Accepting Appointment). (NOTE Registered Agent signature required when recedify up

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGRM MARTIN, ROBERT S 801 WEST BAY DRIVE, SUITE LARGO FL

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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.

11. Ido 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

SIGNATURE:

ROBERT S. MARTIN

2124 1999 (727) 581-2601