2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005284

1. Entity Name
PIONEER SCREEN DOORS & GLASS ROOMS, L.L.C.

Principal Place of Business	Mailing Address
9011 SW OLD KANSAS AVE. STUART, FL 34997	P.O. BOX 1799 STUART, FL 34995-1799

02042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945368
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, TED L
2690 SW MONTERREY LANE
PORT ST LUCIE, FL 34953

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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: Ted L. Howard 2-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HOWARD, TED L
STREET ADDRESS	2690 SW MONTERREY LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	MGRM
NAME	HOWARD, MARCIA E
STREET ADDRESS	2690 SW MONTERREY LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marcia E Howard 2-6-06 772-283-4270
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #