


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90067 003 ****50.00

DOCUMENT # L99000008292 1. Entity Name CURRIER ROOF TILE, L.L.C.	
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Principal Place of Business 2451 CRYSTAL DR. FORT MYERS, FL 33907	Mailing Address 2451 CRYSTAL DR. FORT MYERS, FL 33907
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03202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0974445	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LIETIG, DEBORAH 2451 CRYSTAL DR. FORT MYERS, FL 33907
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURRIER, EDWARD A JR. 6501 WINKLER RD. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURRIER, NELL S 6501 WINKLER RD. FORT MYERS, FL 33919
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I 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 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: Nell S Currier 3/26/04 (239) 936-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #