

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/4/

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-04-2003 90057 017 *****5.00
02-21-2003 90020 047 *****45.00

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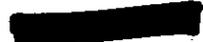
1. Entity Name
EXTERIOR EXPRESSIONS OF FLORIDA, LLC



Principal Place of Business
**6440 GARDEN RD
RIVERA BEACH FL 33404**

Mailing Address
**2875 BUFORD HWY
DULUTH GA 30136**

30051100



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-3600338**
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

**ALLEN, ROBERT M II
5505 STATE RD 16
SAINT AUGUSTINE FL 32095**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Robert M Allen*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/6/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
MGR ALLEN, ROBERT M II	5505 SR 16 ST AUGUSTINE FL 32905		

CR2E083 (10/02)

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: *Robert M Allen* **SIGNATURE REQUIRED**
Signature and typed or printed name of signing managing member, manager, or authorized representative

1/6/03 770-495-9919
Date Daytime Phone #