


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90165 027 ****50.00

DOCUMENT # M99000000184 1. Entity Name U.S. DOOR & BUILDING COMPONENTS, L.L.C.					
Principal Place of Business 10407 ROCKET BLVD. ORLANDO, FL 32824			Mailing Address 10407 ROCKET BLVD ORLANDO, FL 32824		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02102005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 59-3522822	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCLANE, JOHN L 10407 ROCKET BLVD. ORLANDO, FL 32824				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLANE, JOHN L			NAME	
STREET ADDRESS	10407 ROCKET BLVD			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTSCHLAG, S.E.			NAME	
STREET ADDRESS	650 ROSEWOOD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, SC 29202			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDES, CHIP			NAME	
STREET ADDRESS	10407 ROCKET BLVD			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JIM			NAME	
STREET ADDRESS	650 ROSEWOOD DR.			STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, SC 29202			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANICO, JAMES P			NAME	
STREET ADDRESS	111 SOUTH MAITLAND AVE., SUITE 100			STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 327515698			CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEAVE			NAME	
STREET ADDRESS	650 ROSEWOOD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, SC 29202			CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 2/15/05 Daytime Phone #: 407-859-6770	