

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070863

FILED
Feb 05, 2007
Secretary of State

Entity Name: THE FIREPLACE DOCTOR LLC

Current Principal Place of Business:

6325 PARTRIDGE LANE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6325 PARTRIDGE LANE
MILTON, FL 32570

New Mailing Address:

FEI Number: 83-0407742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREYS, RAYMOND C
6325 PARTRIDGE LANE
MILTON, FL, FL 32570 US US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUMPHREYS, RAYMOND C
Address: 6325 PARTRIDGE LANE
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: HUMPHREYS, ANAYANSI
Address: 6325 PARTRIDGE LANE
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: RICORD, MARTIN
Address: 6325 PARTRIDGE LANE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MADRINAN, ELLIOT
Address: 6325 PARTRIDGE LANE
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND HUMPHREYS MGRM 02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date