

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90042 011 ****55.00

DOCUMENT # L05000106597			
1. Entity Name BEDROCK FOUNDATION REPAIR, LLC			
Principal Place of Business 22602 MAGNOLIA TRACE BLVD. LUTZ, FL 33549		Mailing Address 22602 MAGNOLIA TRACE BLVD. LUTZ, FL 33549	
2. Principal Place of Business - No P.O. Box # <i>13650 N. 12th St Ste C</i>		3. Mailing Address <i>PO Box 280031</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa, FL</i>		City & State <i>Tampa, FL</i>	
Zip <i>33613</i>		Zip <i>33682</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number 20-3793613		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04042007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent INNOVATIVE HOME INVESTORS, INC. 13311 WINDING OAK CT. TAMPA, FL 33613		7. Name and Address of New Registered Agent Name <i>Innovative Home Investors, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>13650 N. 12th St. Ste C</i> City <i>Tampa</i> FL Zip Code <i>33613</i>	
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 <i>Jay Silver - PD</i>		DATE <i>4-11-07</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVER, JAY 22602 MAGNOLIA TRACE BLVD. LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Silver, Jay 13650 N. 12th St Ste C Tampa, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jay Silver</i>		Date <i>4-11-07</i> Daytime Phone # <i>813-319-5492</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	