


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004021 1. Entity Name RESTORATION SERVICES, LLC	
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Principal Place of Business 27W351 DEVON AVENUE HANOVER PARK, IL 60133	Mailing Address 2472 KINGSLAKE BLVD. NAPLES, FL 34112
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02142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4399227	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARINO, KEITH 2472 KINGSLAKE BLVD NAPLES, FL 34112

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	MARINO, KEITH
STREET ADDRESS	2472 KINGSLAKE BLVD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	MGR
NAME	MARINO, SUSAN
STREET ADDRESS	27W351 DEVON AVENUE
CITY-ST-ZIP	HANOVER PARK, IL 60133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 02/19/05-80004-013 55.00

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:  **KEITH MARINO** 2/15/05 630-774-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #