

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010564

FILED
Apr 19, 2004
Secretary of State

Entity Name: MARK'S HOME AND OFFICE IMPROVEMENT & REPAIR, LLC

Current Principal Place of Business:

4105 FALLWOOD CIRCLE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4105 FALLWOOD CIRCLE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3667946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, MARK
4625 SEILS WAY
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

PETERSON, MARK
4105 FALLWOOD CR.
ORLANDO, FL 32812 US

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: MARK PETERSON

04/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PETERSON, MARK
Address: 4105 FALLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: MEM () Delete
Name: TAYLOR, KATHRYN M
Address: 4105 FALLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: PETERSON, KATHRYN M
Address: 4105 FALLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN PETERSON

MGR

04/19/2004

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