2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L00000014235

Entity Name: A-ADVANCED HOME SERVICES, LLC

Current Principal Place of Business:

5268 SUNNYDALE CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

4111 REFLECTIONS PARKWAY
SARASOTA, FL 34233

Current Mailing Address:

5268 SUNNYDALE CIRCLE
SARASOTA, FL 34233

New Mailing Address:

4111 REFLECTIONS PARKWAY
SARASOTA, FL 34233

FEI Number: 65-1058568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUZIER, THOMAS B ESQ
3400 S. TAMIAMI TRAIL, STE. 202
SARASOTA, FL 34239 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/MEMBERS:

Title: MGRM ( ) Delete
Name: IVAN, STEPHEN M
Address: 5268 SUNNYDALE CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete
Name: IVIN, PATRICE
Address: 5268 SUNNYDALE CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: IVAN, STEPHEN M
Address: 4111 REFLECTIONS PARKWAY
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Change ( ) Addition
Name: IVIN, PATRICE
Address: 4111 REFLECTIONS PARKWAY
City-St-Zip: SARASOTA, FL 34233

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: STEVE M. IVAN MGRM 04/27/2004

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