


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011982 1. Entity Name CUSTOM HOME IMPROVEMENTS LC	
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Principal Place of Business 1500 WILD ORANGE POINT OVIEDO, FL 32765	Mailing Address 1500 WILD ORANGE POINT OVIEDO, FL 32765
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04142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3734442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENDERSHOT, LARRY E
1500 WILD ORANGE POINT
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WDAGIEWICZ, ANDREW M 1500 WILD ORANGE POINT OVIEDO, FL 32765
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04/20/05-80076-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Larry E Hendershot 4-15-05 407-366-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #