2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secrétary of State DOCUMENT # L01000018169 07-21-2004 90100 006 ****50.00 1. Entity Name ABSOLUTE QUALITY HOME IMPROVEMENTS, LLC Principal Place of Business Mailing Address 2256 TEMPLE STREET 2256 TEMPLE STREET 14026415 *** SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business 3. Mailing Address 58 HOUND $H\alpha$ Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable ふりゅう 65-1149595 മനാ Sarasotc Country Zip \$5.00 Additional 5. Certificate of Status Desired *31193*9 <u>AFREDTOS</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sames Sames EDWARD LYNCH, JAMES Street Address (P.O. Box Number is Not Acceptable) 2256 TEMPLE STREET SARASOTA, FL 34239 31001 31239 FL 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) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR Secretary TITLE ☐ Delete TITLE ☐ Change Addition LYNCH, JAMES E NAME Susan Lyrch NAME 2256 TEMPLEST 58 HOHON CIPCLE STREET ADDRESS STREET ADDRESS 58 Horton Circle SARASOTA, FL 34230 34033 CITY-ST-ZIP CITY-ST-ZIP 34332 Chance TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1. 736 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME -— 🗀 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 953 SIGNATURE: INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jul 21, 2004 8:00 am