
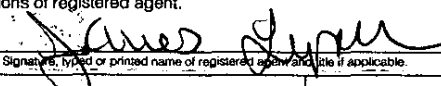


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90100 006 \*\*\*\*50.00

<b>DOCUMENT # L01000018169</b>			
1. Entity Name <b>ABSOLUTE QUALITY HOME IMPROVEMENTS, LLC</b>			
Principal Place of Business <b>2256 TEMPLE STREET SARASOTA, FL 34239</b>		Mailing Address <b>2256 TEMPLE STREET SARASOTA, FL 34239</b>	
2. Principal Place of Business <b>58 Horton Circle</b>		3. Mailing Address <b>58 Horton Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34232</b>	Country <b>Sarasota</b>	Zip <b>34232</b>	Country <b>Sarasota</b>
4. FEI Number <b>65-1149595</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EDWARD LYNCH, JAMES 2256 TEMPLE STREET SARASOTA, FL 34239</b>		7. Name and Address of New Registered Agent Name <b>James Edward &amp; Susan Lynch</b> Street Address (P.O. Box Number is Not Acceptable) <b>58 Horton Circle</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34232</b>	
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 		DATE <b>7-6-04</b>	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNCH, JAMES E 2256 TEMPLE ST SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Susan Lynch 58 Horton Circle Sarasota FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**SIGNATURE:**

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

Date

Daytime Phone #

7-6-04 941 9537583