


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90020 046 \*\*\*\*50.00

<b>DOCUMENT # L02000017860</b>	
<b>1. Entity Name</b> HOME REVITALIZATION, LLC	

<b>Principal Place of Business</b> 18166 DUPONT DRIVE FT MYERS, FL 33912	<b>Mailing Address</b> 18166 DUPONT DRIVE FT MYERS, FL 33912
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**24064805**



<b>2. Principal Place of Business</b> 2120 Andrea Lane Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2120 Andrea Lane Suite, Apt. #, etc.
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04202004 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> FT. MYERS, FL	<b>City &amp; State</b> FT. MYERS, FL
<b>Zip</b> 33912	<b>Country</b> USA
<b>Zip</b> 33912	<b>Country</b> USA

<b>4. FEI Number</b> 54-2071885	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> GALLAGHER, ROBERT M 18166 DUPONT DRIVE FT MYERS, FL 33912 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2120 Andrea Lane FT. MYERS, FL 33912
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LYNCH, GARY B 17130 WILDCAT DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	ROBERT M GALLAGHER 239-872-9068
Date	4/26/04 Daytime Phone #