

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017860

Entity Name: HOME REVITALIZATION, LLC

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

2120 ANDREA LANE  
FT. MYERS, FL 33912

## New Principal Place of Business:

17041 ALICO COMMERCE COURT #4  
FT. MYERS, FL 33912

## Current Mailing Address:

2120 ANDREA LANE  
FT. MYERS, FL 33912

## New Mailing Address:

17041 ALICO COMMERCE COURT #4  
FT. MYERS, FL 33912

FEI Number: 54-2071885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: GALLAGHER, ROBERT M  
Address: 2120 ANDREA LANE  
City-St-Zip: FT. MYERS, FL 33912

Title: MGR ( ) Delete  
Name: LYNCH, GARY B  
Address: 17130 WILDCAT DR  
City-St-Zip: FORT MYERS, FL 33913

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GALLAGHER, ROBERT M  
Address: 17338 MEADOW LAKE DRIVE  
City-St-Zip: FT. MYERS, FL 33912

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT GALLAGHER

MGR

04/19/2005

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