

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024662

FILED
Apr 21, 2008
Secretary of State

Entity Name: MASTERCRAFT HOME IMPROVEMENTS, LLC

Current Principal Place of Business:

1303 OLD DIXIE HIGHWAY
#3
LAKE PARK, FL 33403 US

New Principal Place of Business:

1233 OLD DIXIE HIGHWAY
#3
LAKE PARK, FL 33403 US

Current Mailing Address:

1544 FIELDBROOK STREET
HENDERSON, NV 89052 US

New Mailing Address:

FEI Number: 51-0430650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRIANESE, MICHAEL
1303 OLD DIXIE HIGHWAY
#3
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

STRIANESE, MICHAEL
1233 OLD DIXIE HIGHWAY
#3
LAKE PARK, FL 33403 US

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: MICHAEL STRIANESE

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALONE, KIM F
Address: 702 MIRAMAR LANE
City-St-Zip: WEST PALM BEACH, FL 33410 US

Title: MGRM () Delete
Name: STRIANESE, MICHAEL
Address: 1544 FIELDBROOK STREET
City-St-Zip: HENDERSON, NV 89052 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: STRIANESE, MICHAEL
Address: 1233 OLD DIXIE HIGHWAY
City-St-Zip: LAKE PARK, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL STRIANESE

MGRM

04/21/2008

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