2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022431

1. Entity Name
BUILDING RESTORATION SPECIALISTS, LLC

Principal Place of Business	Mailing Address
3679 WEBBER STREET SARASOTA, FL 34232	3679 WEBBER STREET SARASOTA, FL 34232

06282005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0779727
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FAGER, PETER G
1832 COTTONWOOD TRAIL
SARASOTA, FL 34232

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

000000377429
08/31/05-80001-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FAGER, PETER G
STREET ADDRESS	3679 WEBBER STREET
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: P Peter G Fager MGRM 6/10/05 941-924-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #