

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 13 AM 11:12

<b>DOCUMENT # L03000022431</b> 1. Entity Name BUILDING RESTORATION SPECIALISTS, LLC					
Principal Place of Business 3679 WEBBER STREET SARASOTA, FL 34232			Mailing Address 3679 WEBBER STREET SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09022005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 01-0779727	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAGER, PETER G 1832 COTTONWOOD TRAIL SARASOTA, FL 34232				Name <u>KEVIN E. MATHIS</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>3679 WEBBER STREET</u>	
				<u>SARASOTA - FLORIDA 34232</u>	
				City <u>SARASOTA - Florida</u> FL Zip Code <u>34232</u>	
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. SIGNATURE <u>X (KEVIN E MATHIS)</u> <u>Kevin E. Mathis</u> DATE <u>9/9/05</u> <small>Signature, typed or printed name of registered agent and user is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAGER, PETER G 3679 WEBBER STREET SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEVIN E. MATHIS 3679 WEBBER STREET SARASOTA - FL 34232 <input checked="" 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		900060227369 10/04/05--01078--013 **\$5.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
SIGNATURE: X <u>Peter G Fager</u>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					