

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024132

FILED
Apr 29, 2005
Secretary of State

Entity Name: NEIGHBORHOOD RESTORATIONS, LLC

Current Principal Place of Business:

P.O. BOX 76158
ST. PETERSBURG, FL 33734

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 76158
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 20-0111964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER C. SANDERS, P.A.
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713 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: JOHNSEN, LEONARD
Address: 609 11 AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR () Delete
Name: BARRETT, THOMAS
Address: P.O. BOX 76158
City-St-Zip: SAINT PETERSBURG, FL 33734

ADDITIONS/CHANGES:

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

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: THOMAS L. BARRETT

MGR

04/29/2005

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