

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024132

FILED
May 01, 2007
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:

609 11TH AVE S
ST. PETERSBURG, FL 33701

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHRISTOPHER C. SANDERS, P.A.
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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 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: THOMAS L. BARRETT

MEM

05/01/2007

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