

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026805

FILED
Apr 29, 2005
Secretary of State

Entity Name: INVENTIVE RENOVATIONS, L.L.C.

Current Principal Place of Business:

19 GENOA PLACE
PENSACOLA, FL 32507

New Principal Place of Business:

124 WARDTOWN RD.
FREEPORT, ME 04032

Current Mailing Address:

19 GENOA PLACE
PENSACOLA, FL 32507

New Mailing Address:

124 WARDTOWN RD.
FREEPORT, ME 04032

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERMODY, DAVID JAMES
19 GENOA PLACE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

BEASLEY, ROBERT ESQ.
226 EAST GOVERNMENT ST.
PENSACOLA, FL 32502 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: ROBERT BEASLEY

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DERMODY, DAVID JAMES
Address: 19 GENOA PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: MGR () Delete
Name: DERMODY, JENNIFER
Address: 19 GENOA PLACE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DERMODY, DAVID JAMES
Address: 124 WARDTOWN RD.
City-St-Zip: FREEPORT, ME 04032

Title: MGR (X) Change () Addition
Name: DERMODY, JENNIFER
Address: 124 WARDTOWN RD.
City-St-Zip: FREEPORT, ME 04032

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: DAVID DERMODY

MR.

04/29/2005

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