


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031711</b> 1. Entity Name FAMILY HOME IMPROVEMENTS, L.L.C.	
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Principal Place of Business 8270 COLLEGE PARKWAY FT. MYERS, FL 33919	Mailing Address 8270 COLLEGE PARKWAY FT. MYERS, FL 33919
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**DO NOT WRITE IN THIS SPACE**



02082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0182431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL R. RUBENSTEIN & ASSOCIATES  
8270 - 201 COLLEGE PARKWAY  
FT. MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM REID, DAVID 1844 NORTH NOB HILL ROAD, STE 284 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM REID, HUGH JR 1844 NORTH NOB HILL ROAD, STE 284 PLANTATION, FL 33322
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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: 11/12/05 12-23-5 1443-483-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #