


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000031711</b> 1. Entity Name <b>FAMILY HOME IMPROVEMENTS, L.L.C.</b>	
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Principal Place of Business  
**8270 COLLEGE PARKWAY  
FT. MYERS, FL 33919**

Mailing Address  
**8270 COLLEGE PARKWAY  
FT. MYERS, FL 33919**



03302006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0182431**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

04/29/06-80148-012 150.00

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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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-13-6

14434134727