


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 DEC -3 AM 11: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000039225 1. Entity Name CLERMONT CUSTOM CLEANING, LLC	
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Principal Place of Business PO BOX 121134 CLERMONT, FL 34712	Mailing Address PO BOX 121134 CLERMONT, FL 34712
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2. Principal Place of Business <i>260 Edgewood Dr</i> Suite, Apt. #, etc. <i>Clermont, FL</i> City & State	3. Mailing Address <i>PO Box 121134</i> Suite, Apt. #, etc. City & State <i>Clermont FL</i>		
Zip <i>34711</i>	Country	Zip <i>34712</i>	Country



08242004 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>05-0588008</i>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GERBERICH, DAWN
 11200 OAKSHORE LANE
 CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name *Dawn Gerberich*
 Street Address (P.O. Box Number is Not Acceptable)
260 Edgewood Dr
 City *Clermont* FL Zip Code *34711*

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]* DATE *9-8-04*

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 September 8, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<i>member</i>	
CITY-ST-ZIP	<i>Christene Davidson</i>	
	<i>Oak Shore Lane</i>	
	<i>Clermont, FL 34711</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<i>McGrm</i>	
CITY-ST-ZIP	<i>Dawn Gerberich</i>	
	<i>260 Edgewood Dr</i>	
	<i>Clermont, FL 34711</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>800041570978</i>	
CITY-ST-ZIP	<i>10/04/04--01040--011</i>	<i>**\$5.00</i>
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE: *9-8-04* 352-245-5686

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