

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

|   |         |   |
|---|---------|---|
| <b>DOCUMENT # L03000045976</b>  |         |  |
| 1. Entity Name<br><b>FRANK ABBOTT HOME REPAIR &amp; IMPROVEMENT, LLC</b>  |         |   |
| Principal Place of Business<br><b>452 WEST LANDSTREET ROAD<br/>ORLANDO FL 32824<br/>US</b>  |         | Mailing Address<br><b>452 WEST LANDSTREET ROAD<br/>ORLANDO FL 32824<br/>US</b>    |
| 2. Principal Place of Business  |         | 3. Mailing Address  |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |
| City & State  |         | City & State  |
| Zip   | Country | Zip Country   |
| 6. Name and Address of Current Registered Agent<br><b>ABBOTT, FRANK C<br/>452 WEST LANDSTREET ROAD<br/>ORLANDO FL 32824</b>   |         | 7. Name and Address of New Registered Agent                                       |
|   |         | Name  |
|   |         | Street Address (P.O. Box Number is Not Acceptable)                                |
|   |         | City  |
|   |         | <b>FL</b> Zip Code  |
| 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. |         |   |



MOORE CR2E083 (11/03)

|   |  |      |
|---|--|------|
| SIGNATURE   | <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b> | DATE |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) |  |      |

| 9. MANAGING MEMBERS/MANAGERS |   | 10. ADDITIONS/CHANGES |   |
|------------------------------|---|-----------------------|---|
| TITLE<br>NAME                | MGRM<br>ABBOTT, FRANK C <input type="checkbox"/> Delete | TITLE<br>NAME         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | 6517 MATCHETT ROAD                                      | STREET ADDRESS        |   |
| CITY - ST - ZIP              | ORLANDO FL 32809  | CITY - ST - ZIP       |   |
| CITY - ST - ZIP              |   | CITY - ST - ZIP       |   |
| CITY - ST - ZIP              |   | CITY - ST - ZIP       |   |
| CITY - ST - ZIP              |   | CITY - ST - ZIP       |   |
| CITY - ST - ZIP              |   | CITY - ST - ZIP       |   |
| CITY - ST - ZIP              |   | CITY - ST - ZIP       |   |
| CITY - ST - ZIP              |   | CITY - ST - ZIP       |   |

000000036159  
02/06/04-80129-001 50.00

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:** *Frank C. Abbott* **FRANK C. ABBOTT** *2/13/04* **407-855-1199**

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