

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046968

**FILED**  
**Jan 10, 2005**  
**Secretary of State**

**Entity Name:** AMERICAN HOME IMPROVEMENT, LLC

**Current Principal Place of Business:**

712 KRIS AVENUE  
FORT WALTON BEACH, FL 32547 OK

**New Principal Place of Business:**

405 ADAM ST NW  
FORT WALTON BEACH, FL 32548 OK

**Current Mailing Address:**

712 KRIS AVENUE  
FORT WALTON BEACH, FL 32547 OK

**New Mailing Address:**

405 ADAM ST NW  
FORT WALTON BEACH, FL 32548 OK

**FEI Number:** 20-0451855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREZNEV, VALERIY I  
712 KRIS AVENUE  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

GREZNEV, VALERIY I  
405 ADAM ST NW  
FORT WALTON BEACH, FL 32548 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: VALERIY I. GREZNEV

01/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GREZNEV, DMITRY V  
Address: 712 KRIS AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547 OK

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GREZNEV, DMITRY V  
Address: 405 ADAM ST NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 OK

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: DMITRY V. GREZNEV

MGR

01/10/2005

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