2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# L03000047848

Entity Name: RESIDENTIAL REMEDIES & IMPROVEMENTS, LLC

Current Principal Place of Business:

3942 SE COQUINA DR
STUART, FL 34997

New Principal Place of Business:

2252 SE ROCK SPRINGS DR
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

3942 SE COQUINA DR
STUART, FL 34997

New Mailing Address:

2252 SE ROCK SPRINGS DR.
PORT SAINT LUCIE, FL 34952 US

FEI Number: 76-0722277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERLON, JOHN
3942 SE COQUINA DR
STUART, FL 34997

Name and Address of New Registered Agent:

HERION, JOHN R MGRM
2252 SE ROCK SPRINGS DR.
PORT SAINT LUCIE, FL 34952 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: JOHN R HERION 04/24/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HERION, JOHN R MGRM
Address: 2252 SE ROCK SPRINGS DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGRM ( ) Change (X) Addition
Name: HERION, KATHRYN A MGRM
Address: 2252 SE ROCK SPRINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: KATHRYN A HERION MGRM 04/24/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date