


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048734	
1. Entity Name R.J. REYNOLDS REMODELING LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -8 AM 10: 58

Principal Place of Business 5206 NW 156 AVE GAINESVILLE, FL 32653	Mailing Address 5206 NW 156 AVE GAINESVILLE, FL 32653
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DO NOT WRITE IN THIS SPACE

09062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2677402	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REYNOLDS, ROBERT J 5206 NW 156 AVE GAINESVILLE, FL 32653

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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) DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, ROBERT J 5206 NW 156 AVE GAINESVILLE, FL 32653
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100060050771
09/28/05--01054--022 **\$50.00

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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  **9/6/05 386-418-0586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #