

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054014

FILED
Jul 24, 2004
Secretary of State

Entity Name: ABSOLUTE HOME WARRANTIESS & RENOVATIONS LLC

Current Principal Place of Business:

2357 WALTON CIRCLE, APT. M-7
PALM HARBOR, FL 34683

New Principal Place of Business:

2357 WALTON CIRCLE,
M-7
PALM HARBOR, FL 34683

Current Mailing Address:

2357 WALTON CIRCLE, APT. M-7
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 27-0073473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATTS, CAROL LYNN
2357 WALTON CIRCLE, APT. M-7
PALM HARBOR, FL 34683

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEDNARIK, RON
Address: 2357 WALTON CIRCLE, APT. M-7
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: WATTS, CAROL LYNN
Address: 1236 S. SAN REMO AVENUE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RON BEDNARIK

MGRM

07/24/2004

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