

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054014

FILED  
May 04, 2006  
Secretary of State

**Entity Name:** ABSOLUTE HOME WARRANTIESS & RENOVATIONS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**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 Chapter 119, 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

05/04/2006

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