2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# L03000054414

Entity Name: ADVANCED REMODELING, LLC

Current Principal Place of Business:

586 8TH ST N
EAGLE LAKE, FL 33839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2205
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 56-2420843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNLAP, CAMERON C
586 8TH ST N
EAGLE LAKE, FL 33839 US

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/MANAGERS:

Title: MGR ( ) Delete
Name: DUNLAP, CAMERON
Address: 586 8TH ST N
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM ( ) Delete
Name: ELLIOTT, LESTER LAMAR
Address: 586 8TH ST N
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM ( ) Delete
Name: DUNLAP, LISA E
Address: 586 8TH STREET
City-St-Zip: EAGLE LAKE, FL 33839

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ELLIOTT, LESTER L MEMBER
Address: 586 8TH ST N
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM (X) Change ( ) Addition
Name: DUNLAP, LISA E MEMBER
Address: 586 8TH STREET
City-St-Zip: EAGLE LAKE, FL 33839

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: CAMERON C. DUNLAP MGRM 02/28/2007

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