2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2006 08:00 AM DOCUMENT # L03000055317 **Secretary of State** 1. Entity Name TOTAL RESTORATION, L.L.C. Principal Place of Business Mailing Address 11779 HWY 3280 11779 HWY 3280 BRUCE, FL 32455 BRUCE, FL 32455 01302006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 90-0131934 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YANCEY, RONALD DO NOT WRITE 11779 HWY 3280 **BRUCE, FL 32455** IN THIS SPACE 3. The above framed 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE nd title if applicable Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE YANCEY, RONALD L NAME STREET ADDRESS 11779 HWY 3280 BRUCE, FL 32455 CITY-ST-ZIP 02/11/06-80101-005 55.00 THE MAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath; that I am a managing member or manager of the limited liability company or the receiver of justice empowered to execute this report as required by Chapter 608, Florida Statutes.

MBER. ON AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF