2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 20, 2006 08:00 AM DOCUMENT # L03000056314 Secretary of State 1. Entity Name RAY'S HOME IMPROVEMENT, LLC Principal Place of Business Mailing Address 35 NINTH AVENUE SHAMILAR FL 32579 35 NINTH AVENUE SHAMILAR FL 32579 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State City & State Applied For 13-4270783 ✓ Not Applical." Zîρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDEN, JAMES R JR Street Address (P.O. Box Number is Not Acceptable) 35 NINTH AVENUE SHALIMAR FL 32579 City Zip Code 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 Typed or printed name or registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE A.Limi ☐ Delete U00000475988 NAME REDDEN, JAMES R JR. NAME 04/65/06-20039-005 50.00 STREET ADDRESS 35 NINTH AVENUE STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CDY-S3-71P SITIF Oelete TITLE ☐ Change Animi. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change And the NAME MAAAS STREET ADDRESS STREET ADDRESS CITY-\$1-21P CITY-ST-ZIP TITLE Defete TITLE ☐ Change A.c. NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Celete ☐ Chance T Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP Oelete TITLE ☐ Change □ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTV-ST-70P

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

SIGNATURE: Day De Recon Mas.

376-06 850-585-4346

FILED