2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L04000001513

Entity Name: STEVEN F. CHOINIERE HOME REPAIR, LLC

Current Principal Place of Business:

2922 WASHINGTON ST. EAST, APT. B
ORLANDO, FL 32803 US

New Principal Place of Business:

428 ALTALOMA AVENUE
ORLANDO, FL 32803 US

Current Mailing Address:

2922 WASHINGTON ST. EAST, APT. B
ORLANDO, FL 32803 US

New Mailing Address:

428 ALTALOMA AVENUE
ORLANDO, FL 32803 US

FEI Number: 22-3876546 **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:

CHOINIERE, STEVEN F
2922 WASHINGTON ST. EAST, APT. B
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

CHOINIERE, STEVEN F
428 ALTALOMA AVENUE
ORLANDO, FL 32803 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: _____ 07/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHOINIERE, STEVEN F
Address: 2922 WASHINGTON ST. EAST, APT. B
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHOINIERE, STEVEN F
Address: 428 ALTALOMA AVENUE
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN F CHOINIERE MGRM 07/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date