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Apr 13, 2005 8:00 am
Secretary of State

02-28-2005 90043 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003422

1. Entity Name
L & S IMPROVEMENTS LLC.

Principal Place of Business
842 WINDING OAKS DR
PALM HARBOR, FL 34683

Mailing Address
842 WINDING OAKS DR
PALM HARBOR, FL 34683

02202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3112250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MAXWELL, SCOTT D
842 WINDING OAKS DR
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Secratary ☐ Delete	TITLE	Member (SECRATARY) ☐ Change ☑ Addition
NAME	Larry Silvia	NAME	Lawrence Silvia
STREET ADDRESS	4239 Gullshore Ct.	STREET ADDRESS	4239 Gull Shore ct.
CITY-ST-ZIP	NPR 34652	CITY-ST-ZIP	New Port Richey, FL. 34265
TITLE	Vice President ☐ Delete	TITLE	Managing Member (Vice President) ☐ Change ☑ Addition
NAME	Scott Maxwell	NAME	Scott Maxwell
STREET ADDRESS	842 Winding Oaks Dr.	STREET ADDRESS	842 winding oaks Dr.
CITY-ST-ZIP	Palm Harbor FL 34683	CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: S Maxwell 2/23/05 727-409-0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #