

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90180 048 \*\*\*\*55.00

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|   |                                 |  |   |  |  |
|---|---------------------------------|--|---|--|--|
| <b>DOCUMENT # L04000009130</b><br>1. Entity Name<br><b>MCKENZIE'S HOME IMPROVEMENTS LLC</b>   |                                 |  |   |  |  |
| Principal Place of Business<br><b>1190 SIESTA KEY CIRCLE</b><br><b>PORT ORANGE, FL 32128 US</b>   |                                 |  | Mailing Address<br><b>1190 SIESTA KEY CIRCLE</b><br><b>PORT ORANGE, FL 32128 US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                 |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |                                 |  | City & State  |  |  |
| Zip   |                                 | Country  |   | Zip  |  |
| Country   |                                 | Country  |   | 4. FEI Number<br><b>20-0682590</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |                                 |  |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCKENZIE, WILLIAM H</b><br><b>1190 SIESTA KEY CIRCLE</b><br><b>PORT ORANGE, FL 32128</b>  |                                 |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |                                 |  |   |  |  |
| <b>SIGNATURE:</b>   |                                 |  | <b>WILLIAM H. MCKENZIE</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |  | Date <b>1/9/05</b> Daytime Phone # <b>386 322 1220</b>                              |  |  |