## MITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Aug 29, 2006 08:00 All Secretary of State **DOCUMENT # L04000009538** HAYES REMODELING & REPAIR LLC Principal Place of Business Mailing Address 4765 ATTAPULGUS HWY 4765 ATTAPULGUS HWY QUINCY, FL 32352 US QUINCY, FL 32352 US CR2E083 (11/05) 01242006No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0720104 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required HAYES, PATRICIA DO NOT WRITE 4765 ATTAPUGUS WHY **QUINCY, FL 32352** IN THIS SPACE 8. The above named entity subplits 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 Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME HAYES, JOHN W STREET ADDRESS 4765 ATTAPULGUS HWY U00000575591 CITY-ST-ZIP QUINCY, FL 32352 MGR TITLE NAME HAYES, PATRICIA STREET ADDRESS **4765 ATTAPULGUS HWY** CITY-ST-ZIP **QUINCY, FL 32352** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP 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 accourate 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 timited liability company or the preciper or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.