

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90026 027 ****55.00



DOCUMENT # L04000010992
 1. Entity Name
STARLITE HOME IMPROVEMENTS, LLC

Principal Place of Business Mailing Address
7508 EASTERN CIRCLE DRIVE **7508 EASTERN CIRCLE DRIVE**
BROOKSVILLE FL 34613 **BROOKSVILLE FL 34613**



2. Principal Place of Business 3. Mailing Address
7508 Eastern Cir DR. *7508 Eastern Circle DR.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State City & State 4. FEI Number Applied For
Brooksville FL. *Brooksville FL.* *300095439* Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
34613 *Hernando* *34613* *Hernando*

6. Name and Address of Current Registered Agent
MAHR, PATRICK V
7508 EASTERN CIRCLE DRIVE
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent
 Name *PATRICK V MAHR*
 Street Address (P.O. Box Number is Not Acceptable)
7508 EASTERN CIRCLE DRIVE
 City *Brooksville* **FL** Zip Code *34613*

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 *Patrick V Mahr* DATE *3-23-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAHR, PATRICK V	
STREET ADDRESS	7508 EASTERN CIRCLE DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Patrick V Mahr* DATE: *3-23-05* DAYTIME PHONE #: *352-398-3182*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #