

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: **7508 EASTERN CIRCLE DRIVE BROOKSVILLE FL 34613**
 Mailing Address: **7508 EASTERN CIRCLE DRIVE BROOKSVILLE FL 34613**



2. Principal Place of Business: **7508 Eastern Cir DR.**
 Suite, Apt. #, etc.

3. Mailing Address: **7508 Eastern Circle DR.**
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State: **Brooksville FL.** City & State: **Brooksville FL.**
 4. FEI Number: **300095439** Applied For: Not Applicable:
 Zip: **34613** Country: **Hernando** Zip: **34613** Country: **Hernando**
 5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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.

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