


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000014757  
 1. Entity Name  
 GINA M. CLYMER HOUSE & COMMERCIAL CLEANING  
 "LLC"



Principal Place of Business 611 SW 25TH TERRACE CAPE CORAL, FL 33914	Mailing Address 611 SW 25TH TERRACE CAPE CORAL, FL 33914
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02262006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0863656	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fes Required

6. Name and Address of Current Registered Agent  
 CLYMER, GINA M  
 611 SW 25TH TERRACE  
 CAPE CORAL, FL 33914

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CLYMER, GINA M 611 SW 25TH TERRACE CAPE CORAL, FL 33914
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 05/02/06-80069-023 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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: Gina M Clymer 4-24-06 239-994-1752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #