


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

06-14-2006 90257 018 \*\*\*\*50.00

<b>DOCUMENT # L04000016422</b> 1. Entity Name STEVE OLIVER HOME IMPROVEMENT "LLC"	
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Principal Place of Business 811 18TH AVENUE WEST PALMETTO, FL 34221	Mailing Address 811 18TH AVENUE WEST PALMETTO, FL 34221
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent	
OLIVER, STEPHEN M 811 18TH AVENUE WEST PALMETTO, FL 34221	

**20047359**



02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0752777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL 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 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, STEPHEN M 811 18TH AVENUE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINUS, FRANKIE A 1408 7TH ST W PALMETTO, FL 34221 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:** X Stephen M. Oliver **Date:** 6-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ATTACHMENT**  
**FLORIDA CPA SERVICES, P.A.**  
A Full Service Certified Public Accounting Firm

5550 26<sup>th</sup> Street West, Suite 1  
Bradenton, Florida 34207  
Phone: (941) 752-6262  
Fax: (941) 752-6612

*Kevin W. Geisler, CPA*  
*Vicki L. Kleiman*

*Lawrence A. Kraujalis, CPA*

20047359  
#104000016422  
**INSTRUCTIONS FOR FILING**

**FLORIDA UNIFORM BUSINESS REPORT**

TO: Steve Oliver Home Improvement "LLC"  
DATE: February 16, 2006

Please review the form to make sure the information is correct. If the information contained in sections 1, 6 and 10 is incorrect please make changes in the respective sections 2, 3, 7 or 11. If the information is correct an officer or director needs to sign and date in section 12 where indicated.

Mail to:

Uniform Business Report Filings  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

Enclose a check made payable to **DEPARTMENT**  
**OF STATE** in the amount of: \$50.00

Mail by: April 30, 2006

Comments: \_\_\_\_\_  
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