2006 LIMITED LIABILITY COMPANY

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

ANNUAL REPORT

DOCUMENT # L04000016422 06-14-2006 90257 018 ****50.00 STEVE OLIVER HOME IMPROVEMENT "LLC" Principal Place of Business Mailing Address 811 18TH AVENUE WEST 811 18TH AVENUE WEST 20047359 PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E083 (11/05) Applied For 4. FEL Number City & State City & State 76-0752777 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLIVER, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 811 18TH AVENUE WEST PALMETTO, FL 34221 City 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 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM TITLE Change ☐ Addition OLIVER, STEPHEN M NAME NAME STREET ADDRESS STREET ADDRESS 811 18TH AVENUE WEST CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP MGRM Delete ☐ Change ■ Addition TITI F TITLE RINUS, FRANKIE A NAME NAME STREET ADDRESS 1408 7TH ST W STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Delete TITLE ☐ Chance Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.

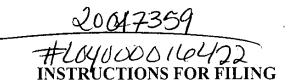
MANAGER, OR ANTHORIZED REPRESENTATIVE

ATTACHMENT FLORIDA CPA SERVICES, P.A.

A Full Service Certified Public Accounting Firm

5550 26th 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



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:

Comments:

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