


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000018738 1. Entity Name SOLUTIONS FOR HOME LIFE, LLC	
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Principal Place of Business 1245 CHISHOLM TRAIL PENSACOLA, FL 32514	Mailing Address P.O. BOX 10457 PENSACOLA, FL 32524
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DO NOT WRITE IN THIS SPACE



05312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 45-0536980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREEN, WILLIAM J 4300 BAYOU BOULEVARD, SUITE 13 PENSACOLA, FL 32503-2671

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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) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

UN00000569844
07/13/06-80005-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVALOS, JOHN F P.O. BOX 10457 PENSACOLA, FL 32524
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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:  **JOHN F. DAVALOS** **7-10-06** **850-291-7584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #