


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

03-30-2005 90160 050 ****50.00

DOCUMENT # L04000024381	
1. Entity Name ADVANTAGE FACILITY SERVICES, L.L.C.	

Principal Place of Business 1519 LAVILLA STREET DELTONA, FL 32725	Mailing Address 1519 LAVILLA STREET DELTONA, FL 32725
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30010334

2. Principal Place of Business 352 HARLAN AVE.	3. Mailing Address PO BOX 390201
Suite, Apt. #, etc.	Suite, Apt. #, etc.

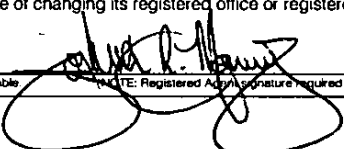
City & State LAKE HELEN FL	City & State DELTONA, FL
Zip 32744	Zip 32739
Country U.S.	Country U.S.



07262005 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1990367		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MANNING, JOSHUA R 1519 LAVILLA STREET DELTONA, FL 32725		
7. Name and Address of New Registered Agent Name JOSHUA R. MANNING Street Address (P.O. Box Number is Not Acceptable) 352 HARLAN AVE City LAKE HELEN, FL Zip Code 32744		

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: **JOSHUA R. MANNING**  DATE: **7-27-05**

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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, JOSHUA R 1519 LAVILLA STREET DELTONA, FL 32725 <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 MARTINEZ, TAYRA 1519 LAVILLA STREET DELTONA, FL 32725 <input checked="" 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 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:  **JOSHUA R. MANNING** DATE: **7-27-05** DAYTIME PHONE #: **386-267618**

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