2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026023

1. Entity Name
NASSAU HOME IMPROVEMENT LLC

Principal Place of Business	Mailing Address
97175 LAFFITES WAY YULEE, FL 32097 US	97175 LAFFITES WAY YULEE, FL 32097 US

DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
76-0754778		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, TERRY A
97175 LAFFITES WAY
YULEE, FL 32097

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 _____

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 May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGMR
NAME	GRIFFIN, ROBERT B III
STREET ADDRESS	97175 LAFFITES WAY
CITY-ST-ZIP	YULEE, FL 32097

TITLE	MGMR
NAME	GRIFFIN, TERRY A
STREET ADDRESS	97175 LAFFITES WAY
CITY-ST-ZIP	YULEE, FL 32097

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000046744S
03/23/06-80051-013 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 _____ Terry A. Griffin 3/11/06   904 355-1781 x 225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #