

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029910

FILED
Feb 07, 2005
Secretary of State

Entity Name: SENSIBLE HOME SOLUTIONS, LLC

Current Principal Place of Business:

P.O. BOX 941
ORANGE PARK, FL 32067 94

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 941
ORANGE PARK, FL 32067 94

New Mailing Address:

FEI Number: 20-1019036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, KYLE
1857 WELLS ROAD, STE 203
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

DRAKE, KYLE
1857 WELLS ROAD, SUITE 203
ORANGE PARK, FL 32073 US

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.

SIGNATURE: KYLE DRAKE

02/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BERRANG, MATTHIAS B
Address: 8615 WINE LEAF COVE
City-St-Zip: GERMANTOWN, TN 38139

Title: MGR () Delete
Name: DRAKE, KYLE
Address: 3400 LINDEN BERRY LANE
City-St-Zip: CHARLOTTE, NC 28269

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERRANG, MATTHIAS B
Address: 1857 WELLS ROAD, #203
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR (X) Change () Addition
Name: DRAKE, KYLE
Address: 1857 WELLS ROAD, #203
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MATTHIAS BERRANG

MGR

02/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date