

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                   |                                 |                                                                |                                                                                                                   |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # L04000030279</b><br>1. Entity Name<br><b>A PLUS QUALITY REMODELING, LLC</b>                                                                                                                                     |                                                                   |                                 |                                                                |                                 |                                                              |
| Principal Place of Business<br><b>4063 BUFORD LANE<br/>MILTON FL 32583</b>                                                                                                                                                    |                                                                   |                                 | Mailing Address<br><b>4063 BUFORD LANE<br/>MILTON FL 32583</b> |                                                                                                                   |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                      |                                                                                                                   |                                                              |
| City & State                                                                                                                                                                                                                  |                                                                   |                                 | City & State                                                   |                                                                                                                   |                                                              |
| Zip                                                                                                                                                                                                                           |                                                                   | Country                         |                                                                | Zip                                                                                                               |                                                              |
| Country                                                                                                                                                                                                                       |                                                                   | Country                         |                                                                | 4. FEI Number<br><b>NO-T APPLICABLE</b>                                                                           |                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                    |                                                                   |                                 |                                                                | Applied For<br>Not Applicable                                                                                     |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>GABBARD, TIMOTHY<br/>4063 BUFORD LANE<br/>MILTON FL 32583</b>                                                                                                       |                                                                   |                                 |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                              |
| 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. |                                                                   |                                 |                                                                | FL Zip Code                                                                                                       |                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                       |                                                                   |                                 |                                                                |                                                                                                                   |                                                              |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                    |                                                                   |                                 |                                                                |                                                                                                                   |                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                  |                                                                   |                                 |                                                                | 10. ADDITIONS/CHANGES                                                                                             |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | MGRM<br>GABBARD, TIMOTHY D<br>4063 BUFORD LANE<br>MILTON FL 32583 | <input type="checkbox"/> Delete |                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete |                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete |                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete |                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete |                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete |                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Timothy Gabbard 3/6/06 (850) 293-0400