, 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

AND TYPED OR PRINTED NAME OF SIGN

SECRETARY OF STATE DIVISION OF CORPORATIONS D@CUMENT #L04000031180 06 APR 24 AM 10: 39 HOME REPAIRS & REMODELING BY RICHARD HARRICK LLC. Principal Place of Business Mailing Address 000074087270 435 38TH SQUARE SW. 435 38TH SQUARE SW. *0*5/08/06--01004--003 VERO BEACH, FL 32968 VERO BEACH, FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04062006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRICK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 435 38TH SQUARE SW. VERO BEACH, FL 32968 City Zip Code FL 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Addition TITLE Change TITLE Delete HARRICK, RICHARD NAME 435 38TH STREET SOUTHWEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 21/06-01008-012-\$25.00 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.