
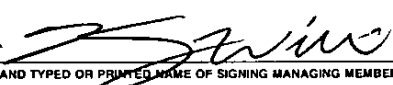


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L04000034100</b>   |  |   |   |  |  |
| <b>1. Entity Name</b><br>KENNETH WILLIAMS REMODLE & REPAIR LLC   |  |   |   |   |  |
| <b>Principal Place of Business</b><br>4300 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32309  |  |   | <b>Mailing Address</b><br>4300 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32309           |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b><br>3477 Torchmark Ln. |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                             |   |   |  |
| City & State   |  | City & State<br>Tallahassee, FL                 |   |   |  |
| Zip  | Country  | Zip<br>32309                                    | Country<br>Ln.  | 03022005 Chg-LLC CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>001783914  |  |   |   | Applied For<br>Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |   |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>                                |   |  |
| WILLIAMS, KENNETH R<br>4300 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32309   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>   |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  |   | <b>Make check payable to Florida Department of State</b>                          |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WILLIAMS, KENNETH R<br>4300 N. MERIDIAN RD.<br>TALLAHASSEE, FL 32309 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b>   |  |   | 3-02-05   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   | Date Daytime Phone #  |   |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

