


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000034257</b> 1. Entity Name <b>HOME RECOVERY SYSTEMS, LLC</b>	
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Principal Place of Business <b>1346 EDEN ISLE BLVD. NORTHEAST ST. PETERSBURG, FL 33703</b>	Mailing Address <b>1346 EDEN ISLE BLVD. NORTHEAST ST. PETERSBURG, FL 33703</b>
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**DO NOT WRITE IN THIS SPACE**

04062006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0908612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIEL, PAMELA M  
1346 EDEN ISLE BLVD. NORTHEAST  
ST. PETERSBURG, FL 33703**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DANIEL, PAMELA M 1346 EDEN ISLE BLVD. NORTHEAST ST. PETERSBURG, FL 33703</b>
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05/01/06-80060-012 55.00

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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 605, Florida Statutes.

**SIGNATURE: Pamela M Daniel**

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