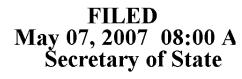
## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L04000034314 1. Entity Name ALLEN'S HOME IMPROVEMENTS, LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN



					-						
Principal Place of Business			Mailing Addross								
27345 MAIN AVENUE OKAHUMPKA FL 34762 US			PO BOX 113 OKAHUMPKA FL 34762 US								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							R 21555)    162(	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE CR2E083 (10/06)				
City & State			City & State			4. FEI Nu	4. FEI Number 20-1101142 Applied Fe Not Applied				
Zip	Country		Zip	Country		5. Certific	cate of Status Desired	ı 🗆	\$5.00 A Fee Requi		
6. Name and Address of Current R						7. Name and Address of New Registered Agent					
					Namo						
ALLEN, ROBERT 27345 MAIN AVENUE OKAHUMPKA FL 34762					Street Address (P.O. Box Number is Not Acceptable)						
ORAHUWIFRA FL 34702					0:				<del></del>		
					City			FL	Zip Co	3 <b>a</b> o	
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 re-	negred energional	de diappineble (NOT	E Parietore	d Agent signature requi	rad when remetative	11	DATE		<del></del>	
	ognation, typed or printed matter of reg	jistered zgam zna i		<del></del>			<u>'</u>	DATE			
	_	EE IS \$50.00									
			Make Check Payab			ent of State		•			
				ө бу ма	ıy 1, 2007	<u>,</u>					
9.		IG MEMBERS,	/MANAGERS	10.			ADDITION	S/CHANGES			
IIIILE	MGRM		☐ Delete	ШЕ	1		Hanc	0076244	1 Change	e 🔲 Addition	
NAME Street address	ALLEN, ROBERT		NAME Street ad		" <b> </b>		05/29/0	7-80005	-015 5	50.00	
CITY-ST-ZIP	PO BOX 113 OKAHUMPKA FL 34762		CITY-S		l						
TITLE	ORAHOMI RATE STIDE		☐ Delele	TITLE					☐ Change	e 🔲 Addition	
NAME			L Delete	NAMI						- Addition	
STREET ADDRESS			•		ET ADDRESS						
CITY-SI-ZIP				CITY	· SŢ- ZIP						
titu:			☐ Delete	III					Change	Addition	
NAME				NAME	and a second second	• >= =				1	
STREET ADDRESS CITY-SI-ZIP					ET ADDRESS				_		
		<del></del>			-SI-ZIP			<del>,</del>		<del></del>	
NAME.			☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY+ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	IIILE					☐ Change	Addition	
NAME				NAME							
STREET ADDRESS				STREE	ET ADDRESS						
CITY-SI-ZIP				CITY-	·ST-ZIP						
HITLE			☐ Delete	III					☐ Change	Addition	
NAME				NAME							
STREET ADDRESS					E I ADDRESS						
CITY-SI-ZIP	and the state of t		re I		ST-ZIP						
indicated	ertify that the information su on this report is true and ac bility company or the receive	curate and tha	at my signature shall have	e the san	ne legal effect as	if made under	r oath; that I am a m	. I lurther cer lanaging men	ury that the nber or mar	nager of the	