2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Mar 16, 2007 08:00 Al Secretary of State DOCUMENT # L04000035889 1. Entity Name T&M REMODELING AND RESTORATIONS, LLC Principal Place of Business Mailing Address **7605 CASTLEBAY CT** 7605 CASTLEBAY CT ORLANDO, FL 32835 ORLANDO, FL 32835 03012007 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0870404 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VITALIS, TERENCE DO NOT WRITE 7605 CASTLEBAY CT ORLANDO, FL 32835 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 THAT Filing Fee is \$50.00 Due by May 1, 2007 U00000669810 /27/07-80087-007 3. MANAGING MEMBERS/MANAGERS MGRM TITLE VITALIS, TERENCE NAME 7605 CASTLEBAY CT STREET ADDRESS CTY-ST-782 ORLANDO, FL 32835 MGRM TIDE NAME VITALIS, GILAINE 7605 CASTLEBAY CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE

MARKE STREET ADDRESS CITY-ST-ZIP

SKINING MANAGNIG MEMBER, OR AUTHORIZED REPRESENTATIVE

^{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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.