2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE. FLORIDA

1. Entity Name COTTAGE INDUSTRY HOME IMPROVEMENT L.L.C.						06 APR	27 PM :	3: 02		
Principal Place of Business 1202 MITCHELL AVENUE TALLAHASSEE, FL 32303		Mailing Address 1202 MITCHELL AVENUE TALLAHASSEE, FL 32303								
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006	Chg-LLC	CR2E083	(11/05)		
City & State	9	City & State			4. FEI Numb	er ED FOR		<u> </u>	plied For Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		5.00 Addi e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
100 TO 10					Name					
1	N, FLOYD HELL AVENUE SSEE. FL 32303			Street Address (P.O. Box Number is Not Acceptable)						
	•			City	₽					
				FL Zip Code						
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) DATE										
Filing Fee is \$50.00 Due by May 1, 2006							ke check pay la Departmen		,	
9.	9. MANAGING MEMBERS/MANAGERS					ADDITIONS	/CHANGES			
TITLE			TITL					Change	Addition	
NAME	WHARTON, FLOYD 1202 MITCHELL AVENUE		NAM	E Et adoress						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					1	
TITLE	☐ Delete TI		TITL			200072	4555	Ghange -	Addition	
NAME STREET ADDRESS	■ ' '		NAM	E Et address	600072455 866 ⁰ 04/28/0601002004 **\$8.00			.00		
CITY-ST-ZIP				-ST-ZIP						
TITLE	☐ Delete TII				•			Change	☐ Addition	
NAME			NAM	-						
STREET ADDRESS				ET ADDRESS - ST-ZIP						
		☐ Delete	TITL				Г	Change	Addition	
TITLE NAME		LJ Delete	NAM				L	_ change	C. Addition	
STREET ADDRESS			STRI	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS			NAM STRI	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL	E	<u>-</u>			Change	☐ Addition	
NAME			NAM						İ	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
dd I basabu	Lentify that the information supplied with	this filing does not qualify fo	the eve	motions sont	ained in Chapter 119	9, Florida Statutes. I	further certify th	nat the info	rmation	
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 it 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 receipt or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.										

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #