

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # *204000048163*  
1. Entity Name  
*D.J. Home Remodeling LLC*

05 APR 20 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*2309 Amelia Cir*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

*MRS*

City & State  
*TALLAHASSEE FLORIDA*

City & State  
*SAME*

Zip  
*32304* Country  
*USA*

Zip Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *DYLAN LEVY*

Street Address (P.O. Box Number is Not Acceptable)  
*742 Riggins Rd.*

City *TALLAHASSEE* FL Zip Code *32308*

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.

SIGNATURE *[Signature]* DATE *4/20/05*

Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MANAGER DYLAN C. LEVY 742 Riggins Rd. TALLAHASSEE, FLORIDA 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MANAGER PALMER MUSICK 2309 AMELIA CIR TALLAHASSEE FLORIDA 32304</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700054116687 05/10/05--01001--002 **50.00</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE *4/20/05* 878-7521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)