

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051450

FILED  
Aug 07, 2006  
Secretary of State

**Entity Name:** STONEBLOOM HOME IMPROVEMENTS, LLC

**Current Principal Place of Business:**

1448 S BRANDYWINE CIRCLE  
FT. MYERS, FL 339196702

**New Principal Place of Business:**

**Current Mailing Address:**

1448 S BRANDYWINE CIRCLE  
FT. MYERS, FL 339196702

**New Mailing Address:**

3402 CORONADO DRIVE  
#2216  
SARASOTA, FL 34231

FEI Number: 20-1387992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHEELER, TODD  
3540 CORONADO DRIVE #501  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

SHEELER, TODD  
3402 CORONADO DRIVE  
#2216  
SARASOTA, FL 34231 US

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:

08/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHEELER, TODD  
Address: 3540 CORONADO DRIVE #501  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEELER, TODD  
Address: 3402 CORONADO DRIVE #2216  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TODD SHEELER

MGRM

08/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date