2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

	DOCUMENT # L0400055683 1. Entity Name JOE MITCHELL HOME REPAIR LLC						
Principal Place of Business 170 CONRAD HILLS RD HAVANA, FL 32333	O HILLS RD 170 CONRAD HILLS RD						
2. Principal Place of Business 3. Mailing Address		<u> </u>					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112005	Chg-LLC CR2E083 (10/03)			
City & State	City & State		4. FEI Number			Applied For Not Applicable	
Zip Country	Žip	Country	5. Certificate of	of Status Desired		Additional	
6. Name and Address of Current Registered Agent Name			7. Name and A	7. Name and Address of New Registered Agent			
MITCHELL, JOE 170 CONRAD HILLS RD			Street Address (P.O. Box Number is Not Acceptable)				
HAVANA, FL 32333							
		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. 1 am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or protect name of registered adject and title if turbicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$50.00 Due by May 1, 2005					check payable Department of S		
9. MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
NAME MITCHELL, JOE	Delete	TITLE NAME			Char	ge Addition	
STREET ADDRESS 170 CONRAD HILLS RD CITY-SI-ZIP HAVANA, FL 32333		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			☐ Char	ge 🗌 Addition	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP			☐ Char	ge 🔲 Addition I	
NAME STREET ADDRESS	□ Doiete	NAME STREET ADDRESS			C Clien	ge Addition	
CITY-ST-ZIP	☐ Defete	CITY-ST-ZIP TITLE	=.			ige 🗆 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	_ 50	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	· Delete	TITLE NAME STREET ADDRESS			☐ Chan	ge 🔲 Addition	
CITY-SI-ZIP -	☐ Delete	CITY-ST-ZIP TITLE		<u></u>	Chan	ge 🔲 Addition	
NAME STREET ADDRESS	سے محدود	NAME STREET ADDRESS				An Donumi	
CITY-ST-ZIP CITY-ST-ZIP 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 AND PPED OF PRINTED NAME OF SCHING MANAGING MEMBER, NAMAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #							