2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Jul 11, 2006 8:00 am Secretary of State **DOCUMENT # L04000068894** 07-11-2006 90136 001 ****50.00 **B&R INSULATION REMOVAL & RESTORATION, LLC** 07-11-2006 90136 002 ****50.00 Principal Place of Business Mailing Address 8451 MILANO DRIVE 8451 MILANO DRIVE APT. 1727 APT. 1727 ORLANDO, FL 32810 ORLANDO, FL 32810 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-LLC CR2E083 (11/05) City & State Cltv & State 4 FELNumber Applied For 75-3167563 Not Applicable \$5.00 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 Synature, typed or presed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM TITLE Change ■ Addition □ Delete ППЕ BROOKS, KENNON M NAME MALAF STREET ADDRESS 8451 MILANO DRIVE APT, 1727 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP MGRM ☐ Change TITLE Delete TITI F ☐ Addition REESE, BRIAN NAME NAME STREET ADDRESS 8451 MILANO DRIVE APT. 1727 STREET ADDRESS CITY-ST-71P ORLANDO, FL 32810 CETY-ST-7/P Oelete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ΠΠĒ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CETY-ST-ZIP 11. I hereby certify that the information supplied with this filing toos 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 liability company or the Jaceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANACING MEHETER, MANACER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

2006 LIMITED LIABILITY COMPANY ATTACHMENT

DOCUMENT # L0400068894 1. Entity Name B&R INSULATION REMOVAL & RESTORATION, LLC									
Principal Plac	e of Business	Mailing Address	•			•	• •		
8451 MILANO DRIVE		8451 MILANO DRIVE			_	30 A . I	7 87		
APT. 1727 ORLANDO, FL 32810 US		APT. 1727 Orlando, Fl. 32810 US				787 	n allan el la la		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052006	Chg-LLC	CR2E083 (11/6	05)	
City & State		City & State			4. FEI Numbe 75-316			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301		Street Address (P.O. Box Number is Not Acceptable)			
INCLINA	3346, FE 32007						1-		
The above named entity submits this statement for the number of changing its register.				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 total flapplicable. (NOTE: Registered Agent agentarie required when rematizing) DATE									
Filing Fee Is \$50.00 Due by September 6, 2006		·		Make check payable to Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS			
TITLE	MGRM BROOKS, KENNON M	☐ Delete	TITLE NAME				☐ Char	oge	
STREET ADDRESS	8451 MILANO DRIVE APT. 1727		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE				Chai	nge 🔲 Addition	
NAME STREET ADORESS	REESE, BRIAN 8451 MILANO DRIVE APT. 1727		NAME STREET ADDRESS					ļ	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Char	nge 🗌 Addition	
NAME STREET ADDRESS			NAME STREET ADORESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	 			Chai	nge 🔲 Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip						
TITLE		☐ Defete	TITLE	 			Chai	nge 🔲 Addition	
NAME		Li Ocicio	NAME				5	.,•	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		Поль	CITY-ST-ZIP	<u> </u>			Chai	nge	
TITLE NAME		☐ Deleta	NAME				LJ Ciki	ide - Notition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	L		CITY-ST-ZIP	<u> </u>				I-4	
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 path; 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: JAMES JAMES MANAGER OF ALTHOUGH STREET AND DESCRIPTION OF THE PROPERTY AND THE P									
ł	Thomas She					19 T.	1		