

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000070684

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

**Entity Name:** JB&F HOME IMPROVEMENTS, LLC

**Current Principal Place of Business:**

1205 LANGLEY AVE.  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

1205 LANGLEY AVE.  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 83-0417949      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BUTLER, JEFFREY S  
1205 LANGLEY AVE.  
PENSACOLA, FL 32504 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RYAN, BUTLER A MGRM  
Address: 1205 LANGLEY  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RYAN, BUTLER A MGRM  
Address: 1205 LANGLEY AVE  
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM ( ) Change (X) Addition  
Name: PAIGE, BUTLER E MGRM  
Address: 1205 LANGLEY AVE  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify 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:** PAIGE E BUTLER

MGRM

10/25/2007

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