2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L04000072908

Entity Name: CENTRAL FLORIDA RESTORATION SPECIALISTS, LLC

Current Principal Place of Business:

P.O. BOX 622648
OVIEDO, FL 32762

New Principal Place of Business:

16600 SE 45TH COURT
SUMMERFIELD, FL 34491

Current Mailing Address:

P.O. BOX 622648
OVIEDO, FL 32762

New Mailing Address:

16600 SE 45TH COURT
SUMMERFIELD, FL 34491

FEI Number: 20-1722129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FREDERICK C. BARNES, P.A.
500 N MAITLAND AVE STE 305
MAITLAND, FL 32751 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: OWN ( ) Delete
Name: FAIGNANT, VICTOR L
Address: P.O. BOX 622648
City-St-Zip: OVIEDO, FL 32762

Title: MGR (X) Delete
Name: SAELENS, RODERICK
Address: P.O. BOX 622648
City-St-Zip: OVIEDO, FL 32762

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FAIGNANT, VICTOR L
Address: 16600 SE 45TH COURT
City-St-Zip: SUMMERFIELD, FL 34491

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICTOR L FAIGNANT MGR 05/01/2007

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