


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90046 040 \*\*\*\*50.00

<b>DOCUMENT # L04000076636</b> 1. Entity Name <b>R.K. MOBERG, HOME IMPROVEMENTS LLC</b>					
Principal Place of Business <b>905 KATHLEEN AVE. CANTONMENT, FL 32533</b>			Mailing Address <b>905 KATHLEEN AVE. CANTONMENT, FL 32533</b>		
2. Principal Place of Business <b>N/A</b> Suite, Apt. #, etc.		3. Mailing Address <b>N/A</b> Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOBERG, RICK K 905 KATHLEEN AVE. CANTONMENT, FL 32533</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <i>Rick K Moberg</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/17/05</i>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOBERG, RICK K 905 KATHLEEN AVE. CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** *Rick K Moberg* *4/17/05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #