

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90016 023 \*\*\*\*55.00

<b>DOCUMENT # L04000076981</b>					
<b>1. Entity Name</b> KBJ RENTAL PROPERTIES & HOME IMPROVEMENTS LLC					
<b>Principal Place of Business</b> 352-10 BUBBLECREEK CT FAYETTEVILLE, FL 28311			<b>Mailing Address</b> 352-10 BUBBLECREEK CT FAYETTEVILLE, FL 28311		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. 515 Bernardino Dr.		Suite, Apt. #, etc. 352-10 Bubblecreek		07042005 Chg-LLC CR2E083 (10/03)	
City & State Ocoee Florida		City & State Fayetteville NC		<b>4. FEI Number</b> 050610904	
Zip 34761		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEREPIENTIGNY, CHRIS 515 BERNARDINO DR OCEE, FL 34761			<b>7. Name and Address of New Registered Agent</b> Name: Chris Derepientigny Street Address (P.O. Box Number is Not Acceptable): 515 Bernardino Drive City: Ocoee FL Zip Code: 34761		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEREPIENTIGNY, CHRIS 352-10 BUBBLECREEK CT FAYETTEVILLE, FL 28311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Derepientigny, Chris 352-10 Bubblecreek Ct Fayetteville NC 28311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Chris Derepientigny</u> <u>6 Jul 05</u> <u>9108224370</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					