2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State
03-09-2006 90003 042 ****50.00

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1. Entity Name
KBJ RENTAL PROPERTIES & HOME IMPROVEMENTS LLC

Principal Place of Business	Mailing Address
515 BENADINO DR OCOEE, FL 34761	352-10 BUBBLECREEK CT FAYETTEVILLE, FL 28311

03032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
515 Bernadino Dr	352-10 Bubblecreek Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee Fl	City & State: Fayetteville
Zip: 34761 Country: USA	Zip: 28311 Country: USA

4. FEI Number: 05-0610904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DEREPENTIGNY, CHRIS
515 BERNARDINO DR
OCEE, FL 34761

7. Name and Address of New Registered Agent

Name: Khrista Derepentigny
Street Address (P.O. Box Number is Not Acceptable): 323 Sabinal St
City: Ocoee FL Zip Code: 34761

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: Khrista Derepentigny — 3/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEREPENTIGNY, CHRIS 322-10 BUBBLECREEK CT FAYETTEVILLE, NC 28311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chris Derepentigny 352-10 Bubblecreek CT Fayetteville NC 28311	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] — 6 March 06 — (321) 663-1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #