

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-14-2005 90182 006 \*\*\*\*55.00

<b>DOCUMENT # L04000081164</b>					
<b>1. Entity Name</b> HOMEWORKS CERTIFIED BUILDING CONTRACTORS, LLC					
<b>Principal Place of Business</b> 110 BAILEY DRIVE NICEVILLE, FL 32578			<b>Mailing Address</b> 110 BAILEY DRIVE NICEVILLE, FL 32578		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 945			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Niceville, FL		<b>4. FEI Number</b> 20-1859893	
<b>Zip</b>		<b>Country</b>		<b>Applied For</b> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip		Country		02102005 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name: Sandra M. Thompson Street Address (P.O. Box Number is Not Acceptable): 223 Galway Drive City: Niceville FL Zip Code: 32578		
<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: <u>Sandra M. Thompson</u>			SIGNATURE: <u>Sandra M. Thompson</u>		
(Signature, typed or printed name of registered agent and title if applicable.)			(NOTE: Registered Agent signature required when reinstating)		
DATE: <u>2/11/05</u>			DATE:		
<b>Filing Fee is \$50.00 Due by May 1, 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	MGR THOMPSON, HAROLD A 110 BAILEY DRIVE NICEVILLE, FL 32578	<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	MGR SCHELL, STEPHEN M 110 BAILEY DRIVE NICEVILLE, FL 32578	<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	ST DIDONATO, TODD M 110 BAILEY DRIVE NICEVILLE, FL 32578	<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>Harold A. Thompson</u>			<b>SIGNATURE:</b> <u>Harold A. Thompson</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: <u>2/11/05</u> DAYTIME PHONE # <u>850-678-8527</u>		