

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081164

FILED
Jul 03, 2006
Secretary of State

Entity Name: HOMEWORKS CERTIFIED BUILDING CONTRACTORS, LLC

Current Principal Place of Business:

110 BAILEY DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 945
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 20-1859893 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:

Name and Address of New Registered Agent:

THOMPSON, SANDRA M
223 GALWAY DRIVE
NICEVILLE, FL 32578 US

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: MGR () Delete
Name: THOMPSON, HAROLD A
Address: 110 BAILEY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: SCHELL, STEPHEN M
Address: 110 BAILEY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: DIDONATO, TODD M
Address: 110 BAILEY DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD A. THOMPSON

MGR

07/03/2006

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