

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081164

FILED
Apr 27, 2007
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HICKMAN, JAMES A
220 GOVERNMENT ST
STE 1
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: JAMES A HICKMAN

04/27/2007

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 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: STEPHEN SCHELL

MGR

04/27/2007

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