


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 14, 2005 8:00 am
Secretary of State

08-29-2005 90039 041 ****55.00

DOCUMENT # L04000088820 1. Entity Name MAUER HOME IMPROVEMENT LLC					
Principal Place of Business 400 HYACINTH DR. APT. 204 PENSACOLA FL 32506			Mailing Address 400 HYACINTH DR. APT. 204 PENSACOLA FL 32506		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 542163107	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		1st MOORE CR2E083 (10/04) <input checked="" type="checkbox"/> Applied For Not Applicable			
6. Name and Address of Current Registered Agent MAUER LOPES, DEOCLECIO 400 HYACINTH DR. APT. 204 PENSACOLA FL 32506			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAUER LOPES, DEOCLECIO 400 HYACINTH DR. APT. 204 PENSACOLA FL 32506 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE: <u>DEOCLECIO M. LOPES</u>				08-04-05 - (850) 698-8269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					