

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090201

FILED
Jul 14, 2006
Secretary of State

Entity Name: NNS HOME SERVICES, L.L.C.

Current Principal Place of Business:

4117 SW 20TH AVE # 51
GAINESVILLE, FL 32607

New Principal Place of Business:

10305 NW 25TH PLACE
GAINESVILLE, FL 32606

Current Mailing Address:

4117 SW 20TH AVE # 51
GAINESVILLE, FL 32607

New Mailing Address:

10305 NW 25TH PLACE
GAINESVILLE, FL 32606

FEI Number: 38-3726959 **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:

MOSELEY, DIXIE
4117 SW 20TH AVE # 51
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

MOSELEY, DIXIE
10305 NW 25TH PLACE
GAINESVILLE, FL 32606 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: DIXIE MOSELEY

07/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE () Delete
Name: MOSELEY, DIXIE
Address: 4117 SW 20TH AVE # 51
City-St-Zip: GAINESVILLE, FL 32607

Title: OWNE () Delete
Name: MOSELEY, SHERROD
Address: 4117 SW 20TH AVE # 51
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: MOSELEY, DIXIE
Address: 10305 NW 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: OWNE (X) Change () Addition
Name: MOSELEY, SHERROD
Address: 10305 NW 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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: DIXIE MOSELEY

OWNE

07/14/2006

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