

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020902

FILED
Feb 21, 2006
Secretary of State

Entity Name: QUALITY HOME IMPROVEMENT L.L.C.

Current Principal Place of Business:

P.O. BOX 771294
ORLANDO, FL 328771294

New Principal Place of Business:

5400 SW COLLEGE RD
302
OCALA, FL 34474

Current Mailing Address:

P.O. BOX 771294
ORLANDO, FL 328771294

New Mailing Address:

5400 SW COLLEGE RD
302
OCALA, FL 34474

FEI Number: 51-0537616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARANGO, CAROLINA
13063 PRAIRIE MEADOWS DR.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

ARANGO, CAROLINA
10669 SW 75 TERRACE
OCALA, FL 34476 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: CAROLINA ARANGO

02/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARANGO, CAROLINA
Address: 13063 PRAIRIE MEADOWS DR.
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: FRANCO, RAFAEL
Address: 13063 PRAIRIE MEADOWS DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARANGO, CAROLINA
Address: 10669 SW 75 TERRACE
City-St-Zip: OCALA, FL 34476

Title: MGRM (X) Change () Addition
Name: FRANCO, RAFAEL
Address: 10669 SW 75 TERRACE
City-St-Zip: OCALA, FL 34476

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: RAFAEL FRANCO

MGRM

02/21/2006

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