

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020902

FILED
Apr 11, 2007
Secretary of State

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

Current Principal Place of Business:

5400 SW COLLEGE RD
302
OCALA, FL 34474

New Principal Place of Business:

2501 SW 57 AVE
504
OCALA, FL 34474

Current Mailing Address:

5400 SW COLLEGE RD
302
OCALA, FL 34474

New Mailing Address:

10669 SW 75 TERR
OCALA, FL 34476

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
10669 SW 75 TERRACE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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: ARANGO, CAROLINA
Address: 10669 SW 75 TERRACE
City-St-Zip: OCALA, FL 34476

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

ADDITIONS/CHANGES:

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: CAROLINA ARANGO

MNGR

04/11/2007

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