

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000020902

FILED
May 08, 2008
Secretary of State**Entity Name:** QUALITY HOME IMPROVEMENT L.L.C.**Current Principal Place of Business:**2501 SW 57 AVE
504
OCALA, FL 34474**New Principal Place of Business:****Current Mailing Address:**2501 SW 57 AVE
504
OCALA, FL 34474**New Mailing Address:**10669 SW 75TH TERR
OCALA, FL 34476**FEI Number:** 51-0537616**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**CAROLINA, ARANGO MANAGER
10669 SW 75 TERR
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

05/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: FRANCO, RAFAEL
Address: 2501 SW 57 AVE
City-St-Zip: OCALA, FL 34474Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: CAROLINA, ARANGO
Address: 10669 SW 75 TH TERR
City-St-Zip: OCALA, FL 34476 USTitle: MGRM () Change (X) Addition
Name: RAFAEL, FRANCO
Address: 10669 SW 75TH TERR
City-St-Zip: OCALA, FL 34476 US

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: CAROLINA ARANGO

MGRM

05/08/2008

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