2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L05000021137

Entity Name: EMPTY NEST HOME SERVICES, LLC

Current Principal Place of Business:

23831 SAN MARINO ROAD
SUITE 202
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

23831 SAN MARINO ROAD
SUITE 202
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 20-1927996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, DAVID L
23831 SAN MARINO ROAD
SUITE 202
BONITA SPRINGS, FL 34135 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:	MGRM	( ) Delete
Name:	MILLS, DAVID L	
Address:	23831 SAN MARINO ROAD, SUITE 202	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	
Title:	MGRM	(X) Delete
Name:	MILLS, EVELYN G	
Address:	23831 SAN MARINO ROAD, SUITE 202	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	
Title:	MGRM	( ) Delete
Name:	HAGER, JAMES D	
Address:	23821 SAN MARINO ROAD, SUITE 202	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	
Title:	MGRM	(X) Delete
Name:	HAGER, ANNE R	
Address:	23821 SAN MARINO ROAD, SUITE 202	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID L. MILLS MGRM 04/21/2006

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