

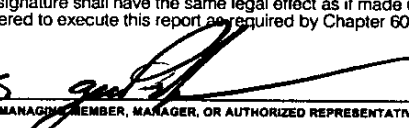


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90141 044 ****50.00

DOCUMENT # L05000023129					
1. Entity Name THE MAINTENANCE SHOPPE LLC					
Principal Place of Business 4690 PEACOCK DR PENSACOLA, FL 32504			Mailing Address 4690 PEACOCK DR PENSACOLA, FL 32504		
2. Principal Place of Business 5841 Sanders st. Suite, Apt. #, etc.		3. Mailing Address 5841 Sanders st. Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 16-1484235	
Zip 32504		Country 32504		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKS, GAVIN 4690 PEACOCK DR PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name <u>Parks, Gavin</u> Street Address (P.O. Box Number is Not Acceptable) <u>5841 Sanders st.</u> City <u>Pensacola</u> FL Zip Code <u>32504</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gavin Parks</u>  <u>1/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKS, GAVIN 4690 PEACOCK DR PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Parks, Gavin 5841 Sanders st Pensacola FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Gavin Parks</u> 			<u>1/17/06</u> <u>850-221-6789</u> <small>Date Daytime Phone #</small>		