2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L05000023337

Entity Name: JOHN NEVILLE HOME IMPROVEMENT LLC

Current Principal Place of Business:

2902 CONCROD STREET
SARASOTA, FL 34231

New Principal Place of Business:

2280 STICKNEY PT. RD
#412
SARASOTA, FL 34231 US

Current Mailing Address:

2902 CONCROD STREET
SARASOTA, FL 34231 US

New Mailing Address:

2280 STICKNEY PT. RD
#412
SARASOTA, FL 34231 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEVILLE, JOHN F
2902 CONCORD STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

NEVILLE, JOHN F
2280 STICKNEY PT. RD
#412
SARASOTA, FL 34231 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: _____ 04/10/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NEVILLE, JONH F
Address: 2902 CONCORD STREET
City-St-Zip: SARASOTA, FL 34231 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEVILLE, JONH F
Address: 2280 STICKNEY PT RD
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR ( ) Change (X) Addition
Name: ROWLANDS, AMINTA A
Address: 2280 STICKNEY PT RD
City-St-Zip: SARASOTA, FL 34231 US

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: JOHN F NEVILLE MGRM 04/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date