


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-23-2006 90136 009 ****50.00

DOCUMENT # L05000026113 1. Entity Name EZ DOES IT, LLC					
Principal Place of Business 118 W. CERVANTES ST PENSACOLA, FL 32501			Mailing Address 118 W. CERVANTES ST PENSACOLA, FL 32501		
2. Principal Place of Business 422 N BAYLEN ST Suite, Apt. #, etc.		3. Mailing Address 422 N BAYLEN ST Suite, Apt. #, etc.			
City & State PENSACOLA, FL Zip 32501 Country USA		City & State PENSACOLA, FL Zip 32501 Country USA		4. FEI Number 20-2864234	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALL, BRADEN K JR. 226 PALAFOX PLACE NINTH FLOOR PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR REBUILDING AMERICA, INC. 118 W. CERVANTES ST. PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> 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>Robert Verge</u> ROBERT VERGE			Date 1/12/06 Daytime Phone # 850-432-0283		

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