


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90421 029 \*\*\*\*55.00

<b>DOCUMENT # L05000034180</b>	
1. Entity Name <b>SITEHELP SERVICES LLC</b>	

Principal Place of Business <b>9477 SHORT LEAF CT. APOPKA, FL 32703</b>	Mailing Address <b>9477 SHORT LEAF CT. APOPKA, FL 32703</b>
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**20010720**



2. Principal Place of Business <b>32928 S.R. 44</b>	3. Mailing Address <b>32928 S.R. 44</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02232006 Chg-LLC CR2E083 (11/05)

City & State <b>DELAND, FL</b>	City & State <b>DELAND, FL</b>
Zip <b>32720</b>	Zip <b>32720</b>
Country	Country

4. FEI Number <b>27-0120334</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HENRY, KIM L 9477 SHORT LEAF CT. APOPKA, FL 32703</b>	
7. Name and Address of New Registered Agent Name <b>HENRY, Kim L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>32928 S.R. 44</b> City <b>DELAND</b> <b>FL</b> Zip Code <b>32720</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIM L. HENRY 9477 SHORT LEAF CT. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIM L. HENRY 32928 S.R. 44 DELAND, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEVIN L. HENRY 9477 SHORT LEAF CT. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEVIN L. HENRY 32928 S.R. 44 DELAND, FL 32720 <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
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
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
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><i>Kim L. Henry</i></u>	<u>2-24-06</u> <u>407-466-1373</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #