

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90045 020 \*\*\*\*50.00

**DOCUMENT # L05000040286**

**1. Entity Name**  
**RENOVATION PROPERTIES, LLC**



**Principal Place of Business**  
**905 LILLY STREET**  
**LEESBURG, FL 34748**

**Mailing Address**  
**905 LILLY STREET**  
**LEESBURG, FL 34748**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006 Chg-LLC CR2E083 (11/05)

**4. FEI Number**

**59-3867540**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FORDE, NICHOLE**  
**905 LILLY STREET**  
**LEESBURG, FL 34748**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** **MGR** ☐ Delete  
**NAME** **FORDE, NICHOLE**  
**STREET ADDRESS** **905 LILLY STREET**  
**CITY-ST-ZIP** **LEESBURG, FL 34748**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **MGR** ☐ Delete  
**NAME** **CRIPPEN, GENE**  
**STREET ADDRESS** **905 LILLY STREET**  
**CITY-ST-ZIP** **LEESBURG, FL 34748**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Nichole Forde*  
**Nichole Forde**

**4/14/06**