

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042695

FILED
Feb 10, 2006
Secretary of State

Entity Name: ORLANDO CURB APPEAL, LLC

Current Principal Place of Business:

9797 PORTOFINO DR
ORLANDO, FL 32832 US

New Principal Place of Business:

9789 PORTOFINO DR
ORLANDO, FL 32832 US

Current Mailing Address:

9797 PORTOFINO DR
ORLANDO, FL 32832 US

New Mailing Address:

PO BOX 622407
ORLANDO, FL 32862 US

FEI Number: 14-1929043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANSEL, KILEY J
9797 PORTOFINO DR
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

HICKEY, CHARLES G JR
9787 PORTOFINO DR
ORLANDO, FL 32832 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: CHARLES G. HICKEY JR

02/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STANSEL, KILEY J
Address: 9797 PORTOFINO DR
City-St-Zip: ORLANDO, FL 32832 US

Title: MGRM (X) Delete
Name: HICKEY, CHARLES G JR.
Address: 9789 PORTOFINO DR
City-St-Zip: ORLANDO, FL 32832 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HICKEY, CHARLES G JR
Address: PO BOX 622407
City-St-Zip: ORLANDO, FL 32862 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES G. HICKEY JR

MGRM

02/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date