

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048346

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: 3 DIMENSION REMODELING LLC

## Current Principal Place of Business:

234 SIDONIA AVE., #1  
CORAL GABLES, FL 33134

## New Principal Place of Business:

125 NW 8 AVE  
D-5  
HALLADALE BEACH, FL 33009

## Current Mailing Address:

234 SIDONIA AVE., #1  
CORAL GABLES, FL 33134

## New Mailing Address:

125 NW 8 AVE  
D-5  
HALLADALE BEACH, FL 33009

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

## Name and Address of Current Registered Agent:

OLIVA, ELIZABETH  
234 SIDONIA AVE #1  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ZON, DAVID  
125 NW 8 AVE  
D-5  
HALLANDALE BEACH, FL 33009 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: DAVID ZON

01/23/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete  
Name: OLIVA, ELIZABETH  
Address: 234 SIDONIA AVE #1  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: ZON, DAVID  
Address: 125 NW 8TH AVE #D5  
City-St-Zip: HALLENDALE BEACH, FL 33009

## ADDITIONS/CHANGES:

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

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: DAVID ZON

MGR

01/23/2006

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