

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000049119

1. Entity Name
EXTERIOR MAKEOVERS, LLC



Principal Place of Business

258 S. HWY 79
102
PANAMA CITY BEACH, FL 32413 US

Mailing Address

258 S. HWY 79
102
PANAMA CITY BEACH, FL 32413 US

2. Principal Place of Business

1219 Thomas Dr #240
Suite, Apt. #, etc.
#240

3. Mailing Address

1219 Thomas Dr
Suite, Apt. #, etc.
#240

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip 32408

Country U.S.A.

Zip 32408

Country U.S.A.

6. Name and Address of Current Registered Agent

STUCKEY, JAMES L
1219 THOMAS DRIVE #240
PANAMA CITY BEACH, FL 32408

7. Name and Address of New Registered Agent

Name N/A

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

James L. Stuckey

James L. Stuckey

9/7/06

DATE

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

(NOTE: Registered Agent) Signature required when reinstating)

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME STUCKEY, JAMES L
STREET ADDRESS 258 S. HWY 79, #102
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

James L. Stuckey

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

9/7/06

Date

Daytime Phone #