2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90057 038 ****50.00

DOCUMENT # L05000051677

1. Entity Name
A & J HOME SOLUTIONS & CREATIVE DESIGNS LLC

Principal Place of Business
3729 SPRING HILL RD. S
FERNANDINO BEACH, FL 32024

Mailing Address
3729 SPRING HILL RD. S
FERNANDINO BEACH, FL 32024

2. Principal Place of Business: 3729 Springhill Rd S
Suite, Apt. #, etc.:

3. Mailing Address: Same
Suite, Apt. #, etc.:

04202006 Chg-LLC CR2E083 (11/05)

City & State: Fernandina Beach FL
Zip: 32034 Country: US

City & State: Same
Zip: Same Country:

4. FEI Number: 05-0623310 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, THOMAS
3729 SPRING HILL RD. S
FERNANDINO BEACH, FL 32024

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: Tommy S Adams 4-20-06
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	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	ADAMS, THOMAS	NAME	Adams, Thomas
STREET ADDRESS	3729 SPRING HILL RD. S	STREET ADDRESS	3729 Springhill Rd. S.
CITY-ST-ZIP	FERNANDINO BEACH, FL 32024	CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	ADAMS, JASON	NAME	Adams, Jason
STREET ADDRESS	3729 SPRING HILL RD. S	STREET ADDRESS	3729 Springhill Rd. S.
CITY-ST-ZIP	FERNANDINO BEACH, FL 32024	CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jason Adams 4-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #