

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90025 002 ****50.00

DOCUMENT # L05000054774 1. Entity Name RIVER CITY HOME IMPROVEMENTS "LLC"					
Principal Place of Business 488 WEST HIGHBANKS ROAD 191 DEBARY, FL 32713 US			Mailing Address POB 530009 DEBARY, FL 32753 US		
2. Principal Place of Business 221 W. Pennsylvania Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 117 Suite, Apt. #, etc.			
City & State Lake Helen Zip 32744		City & State Lake Helen Zip 32744		4. FEI Number 20-2933054	
Country FL		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, LARRY L 488 WEST HIGHBANKS ROAD 191 DEBARY, FL 32753 Lake Helen 32744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR WELLER, LARRY L 488 WEST HIGHBANKS ROAD DEBARY, FL 32713 <i>SEE ABOVE</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Larry L. Weller</i></u> 4/25/06 571-762-7103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					