## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # L05000066422  1. Emby Parase CNN HOME IMPROVEMENT, LLC  Principal Place of Business 1315 CRCANE DRIVE RIDCLEDE, FI 32855 US  1315 CRCANE DRIVE RIDCLEDE, FI 32855 US  Suite. Apt. #, etc.  22222008 ChgLLC  CR26083 (12/06)  2. Principal Place of Business - No PO. Box #  Suite. Apt. #, etc.  22222008 ChgLLC  CR26083 (12/06)  2. Principal Place of Business - No PO. Box #  Suite. Apt. #, etc.  22222008 ChgLLC  CR26083 (12/06)  2. Principal Place of Business - No PO. Box #  Suite. Apt. #, etc.  22222008 ChgLLC  CR26083 (12/06)  2. Principal Place of Business - No PO. Box #  Suite. Apt. #, etc.  22222008 ChgLLC  CR26083 (12/06)  2. Store - Location of Stease Desirid  3. Store - Location of Stease D	AIIIIOAE ILEI OILI						04.00.000.0000.000.000.00				
STATE PLANE UNIVERSITY   Solid   State   Solid   State   Solid   State   Solid   Sol	1. Entity Name								***138.	7/5	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   A. FEI Number   20-3102008   Image:   Applied For   Applied For   20-3102008   Image:   Applied For   Applied For   Applied For   20-3102008   Image:   Applied For   Applie	1315 ENCLA	VE DRIVE	1315 ENCLAVE DRIVE						<b></b>		
City & State  City & State  City & State  Country  Country  Country  Country  Special Country  Country  Special Country  Country  Special Coun	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address			_					
Zip Country Zip Country 5.0 Country Zip Country 5.0 Country 6.0 Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272008	Chg-LLC	CR2E083	(12/06)			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Co	City & State		City & State					_	<del> </del>		
Name  SMALLEY & COMPANY, P.A. 1517 E. HILLCREST ST. ORLANDO, FL 32805  8. The above named endry submits this statement for the purpose of changing its registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  8. The above named endry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIN	Zip	Country	ry Zip Cou		ry	5. Certificate	of Status Desired				
SMALLEY & COMPANY, P.A. 1517 E. HILLCREST ST. ORLANDO, FL 32805  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    Signature   Signa		6. Name and Address of Current i	Registered Agent			7. Name an	d Address of New R	egistered Age	nt		
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R. 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 and hardler with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MARK Check payable to procedure of registered agent with Apost agents and september recurrent agents and september recurrent agents and september recurrent agents and september recurrent agents agents.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MARK Check payable to procedure of registered agent with a decision of the purpose of changing its registered agent, or both, in the State of Florida. I and hardler with, and accept the the purpose of changing its registered agent, or both, in the State of Florida. I and hardler with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I and hardler with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I and hardler with, and accept the purpose of change end to the facilities.  SIGNATURE	1517 E. HILLCREST ST.			į	Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and stir if applicable.  PILE NOWILL FEE IS \$138,75  After May 1, 2008 Fee will be \$538,75  PILE NOWILL FEE IS \$138,75  After May 1, 2008 Fee will be \$538,75  SITTLE NOME CARRY STATE OF S	ONEANDO	, i E 32003		[						•	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS  ITILE MGRM BBSS, CHRISTOPHER G STREET ADDRESS CITY-ST-2P  TITLE MGRM BELL, JULIE D MAME STREET ADDRESS CITY-ST-2P  TITLE MAME	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if acolicable. (NOTE:	Registered	Agent signature requir	red when reinstating)		DATE			
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		certify that the information supplied with	this filing does not qualify for	the exer	mptions contains	ed in Chapter 119	9, Florida Statutes. I f	urther certify th	at the info	ormation	

11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. From the indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the timited liability company or the receiver or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

3/11/08

Daytime Phone #