2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# L05000070117

Entity Name: TERESA GATH'S HOME SERVICES L.L.C.

Current Principal Place of Business:

656 WALLIS AVE.
SEBASTIAN, FL 32958

New Principal Place of Business:

12640 87TH ST
FELLSMERE, FL 32948

Current Mailing Address:

656 WALLIS AVE.
SEBASTIAN, FL 32958

New Mailing Address:

12640 87TH ST
FELLSMERE, FL 32948

FEI Number: 86-1079876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GATH, TERESA
12640 87TH ST
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GATH, TERESA
Address: 656 WALLIS AVE.
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM ( ) Delete
Name: GATH, TIMOTHY S
Address: 656 WALLIS AVE.
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GATH, TERESA
Address: 12640 87TH ST
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM (X) Change ( ) Addition
Name: GATH, TIMOTHY S
Address: 12640 87TH ST
City-St-Zip: FELLSMERE, FL 32948

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY S. GATH MGR 05/14/2007

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