

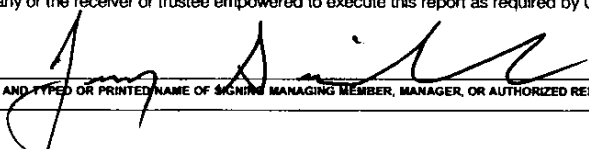


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90030 019 \*\*\*\*50.00

<b>DOCUMENT # L05000078874</b> 1. Entity Name <b>JERRY SERVILLA REMODELING, LLC</b>					
Principal Place of Business <b>300 HARBOUR DR. APT. 206B VERO BEACH, FL 32963</b>			Mailing Address <b>300 HARBOUR DR. APT. 206B VERO BEACH, FL 32963</b>		
2. Principal Place of Business <b>2165 43rd Ave</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2165 43rd Ave</b> <small>Suite, Apt. #, etc.</small>		  01092006 Chg-LLC CR2E083 (11/05)	
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach FL</b>			
Zip <b>32960</b>		Zip <b>32960</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>20-3369237</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY. #300 CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERVILLA, JERRY G 300 HARBOUR DR. APT. 206B VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>3/12/06 772-K4-1992</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					