


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90030 040 \*\*\*\*50.00

<b>DOCUMENT # L05000080829</b>	
1. Entity Name <b>DAVID FREEMAN HOME MAINTENANCE AND REPAIR LTD.CO.</b>	

Principal Place of Business <b>18461 RIVER ESTATES LN ALVA, FL 33920 US</b>	Mailing Address <b>18461 RIVER ESTATES LN ALVA, FL 33920 US</b>
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2. Principal Place of Business <b>18461 RIVER ESTATES LN</b> Suite, Apt. #, etc.	3. Mailing Address <b>18461 RIVER ESTATES LN</b> Suite, Apt. #, etc.
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City & State <b>ALVA, FLA</b>	City & State <b>ALVA, FLA</b>
Zip <b>33920</b>	Zip <b>33920</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

6. Name and Address of Current Registered Agent <b>HARVEY, SUSAN K 18461 RIVER ESTATES LN ALVA, FL 33920</b>	
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01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>55-0905744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

7. Name and Address of New Registered Agent	
Name <b>N/A</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 **N/A**  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FREEMAN, DAVID D 18461 RIVER ESTATES LN ALVA, FL 33920</b> <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"/> Delete	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"/> Delete	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"/> Delete	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: *David D Freeman* DAVID D FREEMAN 4/8/06 239-218-2165**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #