


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2006 90033 031 \*\*\*\*50.00

<b>DOCUMENT # L05000100266</b>	
1. Entity Name <b>MASTERS HOME FINISHING LLC</b>	

Principal Place of Business <b>4501 OAK HAVEN DR SUITE 301 ORLANDO, FL 32839</b>	Mailing Address <b>4501 OAK HAVEN DR SUITE 301 ORLANDO, FL 32839</b>
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2. Principal Place of Business <b>4937 CASON COVE DR</b>	3. Mailing Address <b>4937 CASON COVE DR</b>
Suite, Apt. #, etc. <b>SUITE 823</b>	Suite, Apt. #, etc. <b>SUITE 823</b>

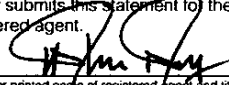
City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32811</b>	Zip <b>32811</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>



05022006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3624621</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>FONSECA, ROBERIO J 4501 OAK HAVEN DR SUITE 301 ORLANDO, FL 32839</b>		
7. Name and Address of New Registered Agent Name <b>FONSECA, ROBERIO J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4937 CASON COVE DR</b> <b>SUITE 823</b> City <b>ORLANDO</b> FL Zip Code <b>32811</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.

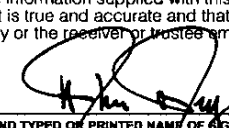
SIGNATURE  DATE **05-01-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONSECA, ROBERIO J 4501 OAK HAVEN DR SUITE 301 ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4937 CASON COVE DR # 823 ORLANDO, FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGIDO, SAMUEL A 4501 OAK HAVEN DR SUITE 301 ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5341 ELM CT ORLANDO, FL 32811</b>
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
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
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
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:  **ROBERIO J. FONSECA - MGRM** DATE **05-01-06** DAYTIME PHONE # **321.277.7726**

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