

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90108 009 ****50.00

DOCUMENT # L06000006672
 1. Entity Name
EAM HOME REPAIRS, LLC



Principal Place of Business: **404 SE 11TH STREET, OCALA FL 34471**
 Mailing Address: **404 SE 11TH STREET, OCALA FL 34471**



2. Principal Place of Business - No P.O. Box #
404 SE 11th St. Ocala FL 34471
 Suite, Apt. #, etc.

3. Mailing Address
404 SE 11th St. Ocala FL 34471
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State: **Ocala FL 34471**
 Zip: **34471**

4. FEI Number: **204136489**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MAY, EDDIE A
404 SE 11TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
NONE
 City: _____ **FL** 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: Eddie A. May DATE: 4-16-07
Signature, typed or printed name of registered agent and date of completion. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MAY, EDDIE A 404 SE 11TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eddie A. May DATE: 4-16-07 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 629-7379