2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028046

FILED Jan 26, 2009 Secretary of State

Entity Name: BRUCE ANTHONY HOME MAINTENANCE AND REPAIR SERVICE, LLC

Current Principal Place of Business: New Principal Place of Business:

9150 SOUTHMONT COVE SUITE 308 9150 SOUTHMONT COVE FORT MYERS, FL 33908

SUITE #308

FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

9150 SOUTHMONT COVE SUITE 308 9150 SOUTHMONT COVE FORT MYERS, FL 33908

SUITE #308

FORT MYERS, FL 33908

FEI Number: 04-3848688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTHONY, BRUCE O SR ANTHONY, BRUCE O MGRM 9150 SOUTHMONT COVE 9150 SOUTHMONT COVE SUITE 308 FORT MYERS, FL 33908 SUITE 308

FORT MYERS, FL 33908 US

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: BRUCE O ANTHONY SR 01/26/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete ANTHONY, BRUCE O SR ANTHONY, BRUCE O MGRM Name: Name: Address: 9150 SOUTHMONT COVE SUITE 308 Address: 9150 SOUTHMONT COVE SUITE 308

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

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: BRUCE O ANTHONY SR **MGRM** 01/26/2009