


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L06000033654 1. Entity Name STEVE AND SONS HOME IMPROVEMENT LLC	
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Principal Place of Business 455 EAST THELMA ST LAKE ALFRED, FL 33850	Mailing Address 455 EAST THELMA ST LAKE ALFRED, FL 33850
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DO NOT WRITE IN THIS SPACE



02272008No Chg-LLC

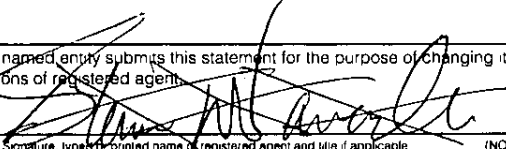
CR2E083 (12/07)

4. FEI Number 20-4603071	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VARNAORE, STEVEN W 455 EAST THELMA ST LAKE ALFRED, FL 33850
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DO NOT WRITE IN THIS SPACE

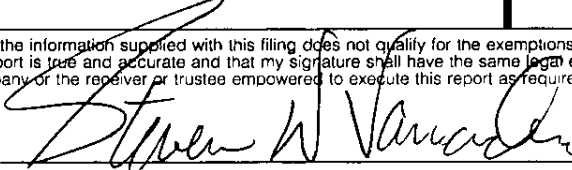
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 3/17/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARNAORE, STEVEN W 455 EAST THELMA ST LAKE ALFRED, FL 33850
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000000963520
04/03/08-80095-002 138.75

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: 3/17/08	DAYTIME PHONE #: 813-514-3987