2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000039526 1. Entity Name K & L'S HOME IMPROVEMENT, LLC 01-25-2007 90087 035 ****55.00 Principal Place of Business Mailing Address 457 RIVER ROAD, LOT #2 457 RIVER ROAD, LOT #2 OAK HILL, FL 32759 OAK HILL, FL 32759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 457 RIVER R POBOX 665 Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E083 (12/06) Chg-LLC OAK Hill Applied For 4. FEI Number £(OAKHILL PL -3172347 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 43 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDUFFIE, CONNOR Street Address (P.O. Box Number is Not Acceptable) 457 RIVER ROAD, LOT #2 OAK HILL, FL 32759 Zip Code FL 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. onnor Me SIGNATURE (NOTE: Registered Agent signs DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITLE ■ Addition ☐ Change PERALES, LORNA H NAME NAME 457 RIVER ROAD, LOT #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAK HILL, FL 32759 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANTOON, LILLIAN M NAME NAME STREET ADDRESS 457 RIVER ROAD, LOT #2 STREET ADDRESS CITY-ST-ZIP OAK HILL, FL 32759 CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCDUFFIE, KEVIN S NAME NAME 457 RIVER ROAD, LOT #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAK HILL, FL 32759 CITY-ST-ZIP Delete MGRM TITLE TITLE Channe ☐ Addition NAME PERALES, LORNA H NAME STREET ADDRESS STREET ADDRESS 457 RIVER ROAD, LOT #2 CITY-ST-ZIP OAK HILL, FL 32759 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Jan 25, 2007 8:00 am