

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000043719

FILED  
May 31, 2007  
Secretary of State

**Entity Name:** CNH CONSTRUCTION & REMODELING, LLC

**Current Principal Place of Business:**

1515 NE 22ND AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 794  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EAGLE ACCOUNTING & TAXES LLC  
320 W OAK TERRACE  
LEESBURG, FL 34748 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALBRITTON, TINA  
Address: PO BOX 794  
City-St-Zip: OCALA, FL 34478

Title: MGRM ( ) Delete  
Name: ALBRITTON, DAVID  
Address: PO BOX 794  
City-St-Zip: OCALA, FL 34478

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALBRITTON, CHRISTOPHER  
Address: PO BOX 794  
City-St-Zip: OCALA, FL 34478

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WASHINGTON, FREDRIC  
Address: PO BOX 794  
City-St-Zip: OCALA, FL 34478

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: DAVID ALBRITTON

MGRM

05/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date