2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90344 045 ****50.00

DOCUMENT # L06000045317
1. Entity Name
DE GENE RENOVATIONS, LLC

Principal Place of Business	Mailing Address
4947 AVENSBURG DR. TAMPA, FL 33647	4947 AVENSBURG DR. TAMPA, FL 33647

01102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4947 Ebensburg DR		4947 Ebensburg DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa Fl		City & State: Tampa Fl	
Zip: 33647	Country: Hillsborugh	Zip: 33647	Country: Hillsborogh.

4. FEI Number: 11-3776250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DEWITT C
4947 AVENSBURG DR.
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name: DeWitt C Smith
Street Address (P.O. Box Number is Not Acceptable): 4947 Ebensburg DR
City: Tampa FL Zip Code: 33647

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 [signature] DATE 3/12/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	SMITH, DEWITT C		NAME	Smith, DeWitt C	
STREET ADDRESS	4947 AVENSBURG DR.		STREET ADDRESS	4947 Ebensburg DR	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa Fl 33647	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	SMITH, GENE R		NAME	smith, Gene R	
STREET ADDRESS	4947 AVENSBURG DR.		STREET ADDRESS	4947 Ebensburg DR	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	tampa Fl 33647	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.

SIGNATURE: [signature] 3/12/2007 813-967-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #