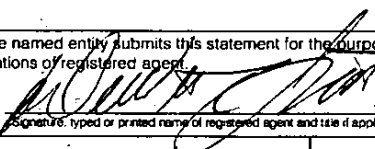
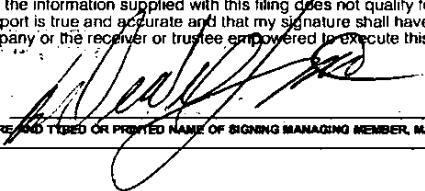


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 4947 AVENSBURG DR. TAMPA, FL 33647			Mailing Address 4947 AVENSBURG DR. TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 4947 Ebensburg DR. Suite, Apt. #, etc.			3. Mailing Address 4947 Ebensburg DR. Suite, Apt. #, etc.		
City & State Tampa FL			City & State Tampa FL		
Zip 33647		Country Hillsborough		4. FEI Number 11-3776250	
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 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 			DATE 3/12/2007		
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DEWITT C 4947 AVENSBURG DR. TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Dewitt C 4947 Ebensburg DR Tampa FL 33647	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, GENE R 4947 AVENSBURG DR. TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Gene R 4947 Ebensburg DR Tampa FL 33647	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			DATE: 3/12/2007 DAYTIME PHONE: 813-967-4271		