2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

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Entity Name: SOUTHERN REPAIR & REMODEL LLC

Current Principal Place of Business:

9747 BRADLEY RD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9747 BRADLEY RD
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-4892373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

XPRESS EFILE INC
1511 PENMAN RD
STE B
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

ANDREA JOHNSON
9747 BRADLEY RD
JACKSONVILLE, FL 32246 US

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: ANDREA JOHNSON 04/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSON, ANDREA M
Address: 9747 BRADLEY RD
City-St-Zip: JACKSONVILLE BEACH, FL 32246 US

Title: MGRM ( ) Delete
Name: JOHNSON, WILLIAM A JR
Address: 9747 BRADLEY RD
City-St-Zip: JACKSONVILLE BEACH, FL 32246 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: JOHNSON, ANDREA M
Address: 9747 BRADLEY RD
City-St-Zip: JACKSONVILLE BEACH, FL 32246 US

Title: S (X) Change ( ) Addition
Name: JOHNSON, WILLIAM A JR
Address: 9747 BRADLEY RD
City-St-Zip: JACKSONVILLE BEACH, FL 32246 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREA JOHNSON P 04/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date