


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

03-27-2007 90195 042 ****50.00

DOCUMENT # L06000062211	
<small>1. Entity Name</small> GIT-R-DONE HOME SERVICES, LLC	

<small>Principal Place of Business</small> 4251 SW 100TH PLACE LAKE BUTLER, FL 32054 US	<small>Mailing Address</small> 4251 SW 100TH PLACE LAKE BUTLER, FL 32054 US
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30005111



<small>2. Principal Place of Business - No P.O. Box #</small>		<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>

01142007 Chg-LLC CR2E083 (12/06)

<small>4. FEI Number</small> 97-0774295	<small>Applied For</small> <input type="checkbox"/> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> CRAWFORD, DENNIS 4251 SW 100TH PLACE LAKE BUTLER, FL 32054	<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small>	<small>NAME</small> MGRM CRAWFORD, DENNIS	<input type="checkbox"/> Delete	<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>	4251 SW 100TH PLACE		<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>	LAKE BUTLER, FL 32054		<small>CITY- ST- ZIP</small>		
<small>TITLE</small>	<small>NAME</small> MGRM SCOTT, LEROY	<input checked="" type="checkbox"/> Delete	<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>	6007 SW 91ST PLACE		<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>	LAKE BUTLER, FL 32054		<small>CITY- ST- ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>			<small>CITY- ST- ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>			<small>CITY- ST- ZIP</small>		
<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>			<small>CITY- ST- ZIP</small>		

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: *Dennis Crawford* **3/18/07** **(386) 965-9895**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #