

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077852

FILED
Aug 03, 2007
Secretary of State

Entity Name: IMPROVEMENT 4 HOMES LC.

Current Principal Place of Business:

114 WINDY DUNE CT.
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

114 WINDY DUNE CT.
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 06-1788626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SERRANO, JOSE R SR.
114 WINDY DUNE CT.
KISSIMMEE, FL 34743 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SERRANO, JOSE R
Address: 114 WINDY DUNE CT.
City-St-Zip: KISSIMMEE, FL 34743

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: HERNANDEZ, SILVERIO
Address: 114 WINDY DUNE CT
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR () Change (X) Addition
Name: RUBIO, CARLOS H
Address: 114 WINDY DUNE CT
City-St-Zip: KISSIMMEE, FL 34743

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: JOSE R SERRANO

MGR

08/03/2007

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