2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2008 08:00 All Secretary of State DOCUMENT # L06000090666 THOM KUHNS HOME MAINTENANCE AND REPAIRS LLC Principal Place of Susiness Mailing Address 128 SE 44 AVE 128 SE 44 AVE OCALA, FL 34471 OCALA, FL 34471 04132008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1978249 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KUHNS, THOMAS C DO NOT WRITE 128 SE 44 AVE OCALA, FL 34471 IN THIS SPACE 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 Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000900417 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KUHNS, THOMAS C NAME STREET ADDRESS 128 SE 44 AVE CITY-ST-ZIP OCALA, FL 34471 **MGRM** TITLE KUHNS, KATHY NAME STREET ADDRESS 128 SE 44 AVE CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thom

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED