

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90349 027 \*\*\*\*55.00

<b>DOCUMENT # L06000100146</b> 1. Entity Name <b>BEST BUDGET PRESSURE CLEANING, LLC</b>			
Principal Place of Business 54663 DORN BUSH ROAD CALLAHAN, FL 32011		Mailing Address 54663 DORN BUSH ROAD CALLAHAN, FL 32011	
2. Principal Place of Business - No P.O. Box # <b>542219 Lem Turner Rd</b> <small>Suite Apt. #, etc.</small>		3. Mailing Address <b>542219 Lem Turner Rd</b> <small>Suite Apt. #, etc.</small>	
City & State <b>Callahan Fla.</b> Zip <b>32011</b> Country <b>Massau</b>		City & State <b>Callahan Fla.</b> Zip <b>32011</b> Country <b>Massau</b>	
4. FEI Number <b>74-3193241</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JORDAN, DAVID ALAN</b> <b>54663 DORN BUSH ROAD</b> <b>CALLAHAN, FL 32011</b>		7. Name and Address of New Registered Agent Name <b>Steven Wallace Masters</b> Street Address (P.O. Box Number is Not Acceptable) <b>542219-Lem Turner Rd.</b> City <b>Callahan</b> FL <b>32011</b>	
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 <b>Steven W. Masters</b> DATE <b>4-30-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 JORDAN, DAVID ALAN 54663 DORN BUSH ROAD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTERS, STEVEN WALLACE 54663 DORN BUSH ROAD CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Masters, Steven Wallace 542219 Lem Turner Rd. Callahan, Fla. 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Steven W. Masters</b>		Date <b>4-30-07</b> Daytime Phone # <b>904-403-9778</b>	