




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000106972 1. Entity Name HOME REPAIRS-R-US LLC						FILED 07 MAY -1 AM 9:52 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9161 131 ST PLACE A LARGO, FL 33773				Mailing Address 8357 WRENS WAY 13523 78th AVE LARGO, FL 33773 Seminole, FL 33776			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent OSBORNE, WILLIAM R SR 8357 WRENS WAY LARGO, FL 33773				7. Name and Address of New Registered Agent Name Osborne, William Street Address (P.O. Box Number is Not Acceptable) 13523 78th AVE 13523 78th AVE City Seminole FL Zip Code 33776			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR OSBORNE, WILLIAM R SR 8357 WRENS WAY LARGO, FL 33773 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSBORNE, William R. Sr 13523 78 th AVE Seminole, FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGGLESTON, ANTHONY M 3014 CONIFER DRIVE LARGO, FL 33773 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGGLESTON, ANTHONY M 3014 Conifer Dr. Largo, FL 33773 <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	Chris Kohne 5065 89 Ter N Pueblas Blk 33782 FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/25/07 01015-023 **317.58 05/25/07 01015-023 **317.58 <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:  ✓ 1-17-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							