


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90020 004 ****50.00

DOCUMENT # L06000117583		
1. Entity Name K.E. HOME IMPROVEMENTS, L.L.C.		

Principal Place of Business 4000 N.W. STREET PENSACOLA FL 32505	Mailing Address 4000 N.W. STREET PENSACOLA FL 32505
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 20-8014543	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent EDGAR, KEVIN D 7830 FOLKSTONE DR PENSACOLA FL 32504	
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7. Name and Address of New Registered Agent Name Edgar, Kevin D	
Street Address (P.O. Box Number is Not Acceptable) 4296 CAPRI DR	
City PENSACOLA	Zip Code FL 32504

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 Kevin D. Edgar	DATE 7-24-07

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDGAR, KEVIN D 7830 FOLKSTONE DR PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSH, CHARLES D 42 N CARVER DR PENSACOLA FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTBROOK, GREG G 2600 W MICHIGAN AVE LOT 102-B PENSACOLA FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edgar, Kevin D 4296 CAPRI DR PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Kevin D. Edgar	DATE 7-24-07 TELEPHONE 850-393-9404