

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014435

FILED  
Jul 30, 2009  
Secretary of State

Entity Name: FAMILY CONSTRUCTION HOTEL RENOVATIONS, LLC

**Current Principal Place of Business:**

25614 NARBONNE STREET  
LOMITA, CA 90717

**New Principal Place of Business:**

**Current Mailing Address:**

25614 NARBONNE STREET  
LOMITA, CA 90717

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

JONES, HAROLD PRES.  
1465 FORT HARRISON AVE  
204  
CLEARWATER, FL 33755 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: PRES ( ) Delete  
Name: JONES, HAROLD  
Address: 25614 NARBONNE STREET  
City-St-Zip: LOMITA, CA 90717

Title: VP ( ) Delete  
Name: BUCKHALTER, BRYAN  
Address: 25614 NARBONNE AVE  
City-St-Zip: LOMITA, CA 90717 US

Title: SEC ( ) Delete  
Name: LYLE, CHRIS  
Address: 25614 NARBONNE AVE  
City-St-Zip: LOMITA, CA 90717 US

Title: MGRM ( ) Delete  
Name: CHALLENGER, DONALD  
Address: 25614 NARBONNE AVE.  
City-St-Zip: LOMITA, CA 90717 US

**ADDITIONS/CHANGES:**

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

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

Title: SEC (X) Change ( ) Addition  
Name: PEREZ, MATT  
Address: 25614 NARBONNE AVE  
City-St-Zip: LOMITA, CA 90717 US

Title: VP (X) Change ( ) Addition  
Name: CHALLENGER, DONALD  
Address: 25614 NARBONNE AVE.  
City-St-Zip: LOMITA, CA 90717 US

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: HAROLD JONES

PRES

07/30/2009

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