

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027210

FILED
May 01, 2008
Secretary of State

Entity Name: PAUL HARVEY HOME ENHANCEMENT L.L.C.

Current Principal Place of Business:

1105 MIDDLE DR.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1105 MIDDLE DR.
FORT WALTON BEACH, FL 32547

New Mailing Address:

1105 MIDDLE DR.
FORT WALTON BEACH, FL 32547 US

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:

POWERS, PENNY
1105 MIDDLE DR.
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: HARVEY, PAUL
Address: 1105 MIDDLE DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: POWERS, PENNY
Address: 1105 MIDDLE DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARVEY, PAUL M MGR
Address: 1105 MIDDLE DR.
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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

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: PAUL M. HARVEY

MGR

05/01/2008

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