2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045890

Entity Name: MASTER RESTORATION LLC

Current Principal Place of Business:	**New Principal Place of Business:**
633 KEY DEER COURT APOPKA, FL 32703	13321 FERNOW ST. WINDERMERE, FL 34786

Current Mailing Address:	**New Mailing Address:**
633 KEY DEER COURT APOPKA, FL 32703	13321 FERNOW ST. WINDERMERE, FL 34786

FEI Number: 20-8928834   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DENHAM, JIM 378 CENTERPOINTE CIRCLE, SUITE 1208 ALTAMONTE SPRINGS, FL 32703 US	NAVARRO, MAURICIO 13321 FERNOW ST. WINDERMERE, FL 34786 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: MAURICIO NAVARRO   04/16/2008
_____
               Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	NAVARRO, MAURICIO	Name:	NAVARRO, MAURICIO
Address:	633 KEY DEER COURT	Address:	13321 FERNOW ST.
City-St-Zip:	APOPKA, FL 32703	City-St-Zip:	WINDERMERE, FL 34786

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	SANTOS, PATRICIA A	Name:	SANTOS, PATRICIA A
Address:	633 KEY DEER COURT	Address:	13321 FERNOW ST
City-St-Zip:	APOPKA, FL 32703	City-St-Zip:	WINDERMERE, FL 34786

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: MAURICIO NAVARRO   MGR   04/16/2008
_____
         Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date