

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050469

FILED
Jan 15, 2008
Secretary of State

Entity Name: ON-SITE RENOVATIONS LLC

Current Principal Place of Business:

111 LEXINGTON STREET
OLDSMAR, FL 34677

New Principal Place of Business:

17331 MINNEOLA DRIVE
SPRING HILL, FL 34610

Current Mailing Address:

PO BOX 1116
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 02-0808707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUSKOTA, DONNA M
111 LEXINGTON STREET
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

PLUSKOTA, DONNA M
17331 MINNEOLA DRIVE
SPRING HILL, FL 34610 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: _____

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLUSKOTA, JOSEPH M JR.
Address: PO BOX 1116
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: PLUSKOTA, JOSEPH M JR.
Address: PO BOX 1116
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLUSKOTA, JOSEPH M JR.
Address: 17331 MINNEOLA DRIVE
City-St-Zip: SPRING HILL, FL 34610

Title: MGR (X) Change () Addition
Name: PLUSKOTA, DONNA M
Address: 17331 MINNEOLA DRIVE
City-St-Zip: SPRING HILL, FL 34610

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: JOSEPH M PLUSKOTA JR.

MGRM

01/15/2008

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