2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L07000104869

Entity Name: TOTAL IMPROVEMENT GROUP, LLC

Current Principal Place of Business:

5015 JACOBS AVENUE, STE. A
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5015 JACOBS AVENUE, STE. A
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEMPSEY, DONALD L II ESQ
4321 ROOSEVELT BLVD.
JACKSONVILLE, FL 32202 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: MGRM ( ) Delete
Name: DEMPSEY, DONALD L II
Address: 5015 JACOBS AVENUE, STE. A
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM ( ) Delete
Name: BROOKS, CURTIS J SR.
Address: 5015 JACOBS AVENUE, STE. A
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

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

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: DONALD L. DEMPSEY, II MGRM 02/18/2008

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