2007 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT **DOCUMENT # L94000000229** FILED 1. Entity Name BETTER BUILT GROUP, L.C. 07 MAR 13 PM 12: 58 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 8811 GROW DR. 8811 GROW DR. PENSACOLA, FL 32514 PENSACOLA, FL 32514 CR2E083 (11/05) 01052007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 59-3234481 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAWS, CLINT 8811 GROW DR. PENSACOLA, FL 32514 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 000093705780 03/19/07--01002--012 **408.75 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DAWS, CLINT NAME 8811 GROWN DR. STREET ADDRESS PENSACOLA, FL 32541 CITY-ST-ZIP TITLE MGR PHILLIPS, RUPERT NAME STREET ADDRESS PO BOX 219 CITY-ST-ZIP **BAKER, FL 32531** TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.