

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003530

FILED
Mar 08, 2006
Secretary of State

Entity Name: COMPLETE PROPERTY REPAIRS, L.C.

Current Principal Place of Business:

C/O SEAN MCKENDRICK
4631 NW 31 AVENUE TNB-192
FT LAUDERDALE, FL 33309

New Principal Place of Business:

C/O SEAN MCKENDRICK
4631 NW 31 AVENUE SUITE-192
FT LAUDERDALE, FL 33309

Current Mailing Address:

C/O SEAN MCKENDRICK
4631 NW 31 AVENUE TNB-192
FT LAUDERDALE, FL 33309

New Mailing Address:

C/O SEAN MCKENDRICK
4631 NW 31 AVENUE SUITE-192
FT LAUDERDALE, FL 33309

FEI Number: 65-0934841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENDRICK, SEAN
1131 SW 68 AVE
FORT LAUDERDALE, FL 33317 US

Name and Address of New Registered Agent:

ROETTEI, WESLEY C
4631 NW 31 AVENUE
SUITE -192
FORT LAUDERDALE, FL 33309 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: WESLEY CLAYTON ROETTI

03/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKENDRICK, SEAN
Address: 351 NW 53 CT
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKENDRICK, SEAN
Address: 4631 NW 31 AVENUE SUITE -192
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN MCKENDRICK

MGRM

03/08/2006

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