

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001286

Entity Name: ARS HOME SOLUTIONS, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

5956 SHERRY LANE, SUITE 1500
DALLAS, TX 75225

New Principal Place of Business:

5420 LBJ FREEWAY, SUITE 800
DALLAS, TX 75240

Current Mailing Address:

5956 SHERRY LANE, SUITE 1500
DALLAS, TX 75225

New Mailing Address:

5420 LBJ FREEWAY, SUITE 800
DALLAS, TX 75240

FEI Number: 74-3011773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: URSO, JOSEPH P
Address: 5956 SHERRY LANE SUTE 1500
City-St-Zip: DALLAS, TX 75225

Title: MGR () Delete
Name: HICKEY, KEVIN
Address: 5956 SHERRY LANE, SUITE 1500
City-St-Zip: DALLAS, TX 75225

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: URSO, JOSEPH P
Address: 5420 LBJ FREEWAY, SUITE 800
City-St-Zip: DALLAS, TX 75240

Title: MGR (X) Change () Addition
Name: HICKEY, KEVIN
Address: 5420 LBJ FREEWAY, SUITE 800
City-St-Zip: DALLAS, TX 75240

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: KEVIN HICKEY

MGR

04/23/2007

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