2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State DOCUMENT # L03000051246 05-02-2006 90031 030 ****50.00 1. Entity Name JOHN VINZANT'S PAINTING, LLC Principal Place of Business Mailing Address 15033 EAST JOE THOMAS LANE 15033 EAST JOE THOMAS LANE TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 45-0529744 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINZANT, JOHN 15033 EAST JOE THOMAS LANE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32310 City Zip Code 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 arm 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition VINZANT, JOHN NAME NAME 15033 EAST JOE THOMAS LANE STREET ADDRESS STREET ADDRESS TALEAHASSEE, FL 32310 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITS F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 people or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED