

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002257

Entity Name: ABE'S PAINTING LLC

FILED  
Jun 01, 2005  
Secretary of State

**Current Principal Place of Business:**

1945 PATRICIAN WAY  
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

1945 PATRICIAN WAY  
FT WALTON BEACH, FL 32547 US

**New Mailing Address:**

FEI Number: 36-4533101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PETERSON, JOHN D  
912 SOUTH PALM BLVD  
SUITE E  
NICEVILLE, FL 32578 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: MARTINDALE, CHARLES  
Address: 1945 PATRICIAN WAY  
City-St-Zip: FT WALTON BEACH,, FL 32548 US

Title: MGR ( ) Delete  
Name: MARTINDALE, ABRAHAM  
Address: 681 ANDERSON DRIVE  
City-St-Zip: FT WALTON BEACH, FL 32547

**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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES MARTINDALE

MGR

06/01/2005

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