

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005054

Entity Name: CASTLE PAINTING, LLC

FILED
May 05, 2007
Secretary of State

Current Principal Place of Business:

478 NORTH PIN OAK PLACE, SUITE 202
LONGWOOD, FL 327795930 US

New Principal Place of Business:

.501GOLF TEE LN APT201
LONGWOOD, FL 327795930 US

Current Mailing Address:

478 NORTH PIN OAK PLACE, SUITE 202
LONGWOOD, FL 327795930 US

New Mailing Address:

.501GOLF TEE LN APT201
LONGWOOD, FL 327795930 US

FEI Number: 20-0623053 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:

MANUEL, DAVID L
478 NORTH PIN OAK PLACE, SUITE 202
LONGWOOD, FL 327795930 US

Name and Address of New Registered Agent:

MANUEL, DAVID L
.501 GOLF TEE LN APT201
LONGWOOD, FL 327795930 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: DAVID L MANUEL

05/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANUEL, DAVID L
Address: 478 NORTH PIN OAK PLACE, SUITE 202
City-St-Zip: LONGWOOD, FL 327795930

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANUEL, DAVID L
Address: .501 GOLF TEE LN APT201
City-St-Zip: LONGWOOD, FL 327795930

I hereby certify that the information supplied with this filing does not qualify 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: DAVID L MANUEL

MNG.

05/05/2007

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