

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056525

FILED
May 10, 2006
Secretary of State

Entity Name: ADERHHOLT'S PAINTING LLC

Current Principal Place of Business:

213 1/2 PINE-HURST RD
AUBURNDALE, FL 33823

New Principal Place of Business:

759 LAKE JESSIE DR
APT # 1
WINTER HAVEN, FL 33881

Current Mailing Address:

213 1/2 PINE-HURST RD
AUBURNDALE, FL 33823

New Mailing Address:

759 LAKE JESSIE DR
APT # 1
WINTER HAVEN, FL 33881

FEI Number: 20-2817276 **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:

ADERHOLT, MICHAEL S
213 1/2 PINEHURST RD
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

ADERHOLT, MICHAEL S
759 LAKE JESSIE DR
APT # 1
WINTER HAVEN, FL 33881 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: MICHAEL ADERHOLT

05/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADERHOLT, MICHAEL S
Address: 213 1/2 PINEHURST RD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADERHOLT, MICHAEL S
Address: 759 LAKE JESSIE DR
City-St-Zip: WINTER HAVEN, FL 33881

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: MICHAEL S. ADERHOLT

MGR

05/10/2006

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