

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90213 048 \*\*\*\*50.00

DOCUMENT # L06000042527  
 1. Entity Name  
 QUEENS ROW PAINTING SERVICE, LLC



Principal Place of Business: 8801 TREASURE ISLAND ROAD, LEESBURG, FLORIDA 34788 US  
 Mailing Address: 8801 TREASURE ISLAND ROAD, LEESBURG, FLORIDA 34788 US



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State, Zip, Country

4. FEI Number: 830457108  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PRIETO, MARIA L  
 8801 TREASURE ISLAND ROAD  
 LEESBURG, FL 34788

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ FL

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 am familiar with, and accept, the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: PRIETO, MARIA L STREET ADDRESS: 8801 TREASURE ISLAND ROAD CITY ST ZIP: LEESBURG, FL 34788	<input type="checkbox"/> Delete
TITLE: MGRM NAME: ST. CHARLES, WILLIAM N II STREET ADDRESS: 8801 TREASURE ISLAND ROAD CITY ST ZIP: LEESBURG FL 34788	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: ST. Charles P. Maria L. STREET ADDRESS: 8801 Treasure Isl. Rd CITY ST ZIP: Leesburg FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William N. St. Charles* 2/27/07 352-728-4365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAY Phone #