

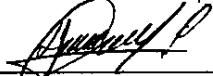


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 035 ****50.00

DOCUMENT # L06000047462					
1. Entity Name CORONADO'S PAINTING, LLC					
Principal Place of Business 2648 LANTANA LAKES CT JACKSONVILLE, FL 32246 US			Mailing Address 2648 LANTANA LAKES CT JACKSONVILLE, FL 32246 US		
2. Principal Place of Business - No P.O. Box # <u>2648 LANTANA LAKE CT</u>		3. Mailing Address <u>2648 LANTANA LAKE CT.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>JACKSONVILLE F.L.</u>		City & State <u>JACKSONVILLE F.L.</u>		4. FEI Number <u>20-4855928</u>	
Zip <u>32246</u>		Country <u>DUVAL</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>32246</u>		Country <u>DUVAL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORONADO, ARTEMIO 2648 LANTANA LAKES CT JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE			
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 September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORONADO, ARTEMIO	NAME			
STREET ADDRESS	2648 LANTANA LAKES CT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



09032007 Chg-LLC CR2E083 (12/06)