2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # L0100009761 1. Entity Name TRI-CITIES PAINT & DECORATING, LLC						02-20-2006	9 0140 0:	50 ****5	0.00
Principal Place of Business		Mailing Address							
877 WATERWAY PLACE, #2 LONGWOOD, FL 32750		877 WATERWAY PLACE, #2 Longwood, Fl 32750			1 ATT (FT) (T)	:	PTIIL EBIID LEIII	 	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4. FEI Number Applied For 01-0713856 Not Applicable				
Žip	Country	Zíp	Country		5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
390 NORTI SUITE 600	ITS SERVICES, INC. H ORANGE AVE. FL 32801	Name Street Address ((P.O. Box Number is Not Acceptable)				
			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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE	M 61		MEADALS 1	. /	Сћапде	☐ Addition
NAME CTREET ADDRESS	TOWNSEND, DENNIS L 1207 EAGLE TRAIL		NAME STREET ADDRESS	TOW	NOEND,	DENNIS L	10		
STREET ADDRESS CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	1010	11/2/100	WBEND C			
TITLE	20.1011000,12 02100	□ Delete	TITLE	LUNE	rwood j	FL 327		Change	☐ Addition
NAME .		☐ Delete	NAME					unange	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	-	•	CITY-ST-ZIP	l					

☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. WNSEND

SIGNATURE: JOS SIGNATURE AND TYPE

MANAGING MEMBER: MANAGER, OR AUTHORIZED REPRESENTATIVE

2/16/06

407-767-8566 Daytime Phone #