
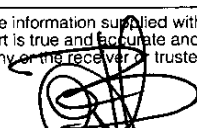


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-20-2006 90048 013 *****55.00

DOCUMENT # L02000034332					
1. Entity Name PACHO PAINTING LLC					
Principal Place of Business 7630 PISSARRO DR., BLDG. 16-307 ORLANDO, FL 32819			Mailing Address 7630 PISSARRO DR., BLDG. 16-307 ORLANDO, FL 32819		
2. Principal Place of Business 7340 Westpointe Blvd. Suite (Apt. #, etc.) 321			3. Mailing Address Same		
City & State Orlando FL			City & State Same		
Zip 32835		Country USA		Zip Same	
Country USA		Zip Same		Country Same	
4. FEI Number 01-0759906					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BERRIO, JUAN J 7630 PISARRO DR., BLDG. 16-307 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name: Juan José Berrio Street Address (P.O. Box Number is Not Acceptable): 7340 Westpointe Blvd. # 321 City: Orlando FL Zip Code: 32835		
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 _____ (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 MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERRIO, JUAN J 7630 PISARRO DR., BLDG. 16-307 ORLANDO, FL 32819	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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:  Juan José Berrio Jan. 10, 2006 321-292-7842					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					