

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90013 011 \*\*\*\*55.00

<b>DOCUMENT # L02000034332</b>					
<b>1. Entity Name</b> PACHO PAINTING LLC					
<b>Principal Place of Business</b> 7340 WESTPOINTE BLVD APT 321 ORLANDO, FL 32835			<b>Mailing Address</b> 7630 PISSARRO DR., BLDG. 16-307 ORLANDO, FL 32819		
<b>2. Principal Place of Business - No P.O. Box #</b> 7340 Westpointe Blvd. Suite, Apt #, etc. # 321		<b>3. Mailing Address</b> 7340 Westpante Blvd. Suite, Apt #, etc. # 321			
<b>City &amp; State</b> Orlando Florida		<b>City &amp; State</b> Orlando Florida		<b>4. FEI Number</b> 01-0759906	
<b>Zip</b> 32835		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BERRIO, JUAN J 7340 WESTPOINTE BLVD APT 321 ORLANDO, FL 32835			<b>7. Name and Address of New Registered Agent</b> Name: Juan Jose Berrio Street Address (P.O. Box Number is Not Acceptable): 7340 Westpante Blvd. #321 City: Orlando FL Zip Code: 32835		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reconstituting)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>B. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>BERRIO, JUAN J</b> <b>7630 PISARRO DR., BLDG. 16-307</b> <b>ORLANDO, FL 32819</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			Juan Jose Berrio		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 01/09/07 Daytime Phone #: 321-297-7842		