

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004388

FILED
Jan 08, 2004
Secretary of State

Entity Name: FLORIDA PAINTING AND RESTORATION LLC

Current Principal Place of Business:

9126 CATHERINE FOSTER COURT
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9126 CATHERINE FOSTER COURT
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 76-0723756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARQUERO, JOSE A
9126 CATHERINE FOSTER COURT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BARQUERO, JOSE A
Address: 9126 CATHERINE FOSTER COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: BARQUERO, KAREN M
Address: 9126 CATHERINE FOSTER COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MARTIR, JOSE M
Address: 5814 POMPANO DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE A BARQUERO

MGR

01/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date