## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE

## Aug 28, 2006 8:00 am Secretary of State DOCUMENT # L03000009378 -08-14-2006 90124 002 \*\*\*\*55.00 MCPHERSON PAINTING, LLC Principal Place of Business Mailing Address 5105 NW 64TH BLVD 5105 NW 64TH BLVD GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 02212006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0506239 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCPHERSON, BRIAN K DO NOT WRITE 5105 NW 64TH BLVD GAINESVILLE, FL 32653 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 . Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MCPHERSON, BRIAN K NAME 5105 NW 64TH BLVD STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32653 TATLE \*\* NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

**FILED**