2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000035153

1. Entity Name

KERI'S COASTAL COLORS, LLC

FILED Jul 17, 2006 08:00 AM **Secretary of State**

Principal Place of Business

1400 VILLAGE SQUARE BLVD.

UNIT 10 TALLAHASSEE, FL 32312 US Mailing Address

1400 VILLAGE SQUARE BLVD.

UNIT 10 TALLAHASSEE, FL 32312 US

07122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2125549

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIBUONO, KERI 1400 VILLAGE SQUARE BLVD. **UNIT 10** TALLAHASSEE, FL 32312

DO NOT WRITE 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstaling)

U00000670872 07/18/06-80013-020 50.00

Filing Fee is \$50.00 Due by September 6, 2006

.9	
TITLE	MGRM .
NAME	DIBUONO, KERI R
STREET ADDRESS	1268-B TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	ROSE, JOHN S
STREET ADDRESS	1268-B TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	ROSE, ELAINE O
STREET ADDRESS	1268-B TIMBERLANE ROAD
CITY-\$1-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	Control Service
STREET ADDRESS	
CITY-ST-ZIP	:

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE