


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044407 1. Entity Name BONNY ISON PAINTING, LLC	
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Principal Place of Business 20 MAYFAIR DRIVE CRAWFORDVILLE FL 32327	Mailing Address 20 MAYFAIR DRIVE CRAWFORDVILLE FL 32327
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-0390315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ISON, BONNY
20 MAYFAIR DRIVE
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	ISON, BONNY	<input type="checkbox"/> Change <input type="checkbox"/> Add	
	20 MAYFAIR DRIVE		
	CRAWFORDVILLE FL 32327		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	U00000491702
			04/19/06-80035-001 50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE: Bonny Ison **BONNY ISON** 4-1-2006 (852) 556-5555