


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90029 005 \*\*\*\*50.00

<b>DOCUMENT # L03000045720</b>	
1. Entity Name <b>WILLIAM DINARDI PAINTING, LLC</b>	

Principal Place of Business <b>166 CREEKSIDE DRIVE ST. AUGUSTINE, FL 32086</b>	Mailing Address <b>166 CREEKSIDE DRIVE ST. AUGUSTINE, FL 32086</b>
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2. Principal Place of Business <b>828 Cypress Crossing Trl.</b> Suite, Apt. #, etc.	3. Mailing Address <b>828 Cypress Crossing Trl.</b> Suite, Apt. #, etc.
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City & State <b>St. Augustine, FL</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32095</b>	Country <b>St. Johns</b>

**20038796**



04252006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>DINARDI, SANA E 1690 US 1 SOUTH SUITE G ST. AUGUSTINE, FL 32086</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DINARDI, WILLIAM M 166 CREEKSIDE DRIVE ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Dinardi, William 828 Cypress Crossing Trl. St. Augustine, FL 32095</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

<b>SIGNATURE:</b> <u>William M Dinardi</u>	<u>4/25/06</u>	<u>904-823-0492</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>