

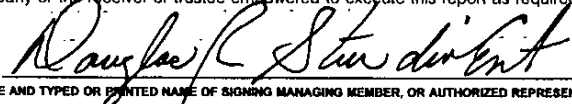


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000045742 1. Entity Name DOUGLAS R. STURDIVENT PAINTING LLC				
Principal Place of Business 3632 SE 19TH TERR OKEECHOBEE, FL 34974		Mailing Address 3632 SE 19TH TERR OKEECHOBEE, FL 34974		
DO NOT WRITE IN THIS SPACE				
				 04052007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 33-1075865		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent STURDIVENT, DOUGLAS R 3632 SE 19TH TERR OKEECHOBEE, FL 34974		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				
Filing Fee is \$50.00 Due by May 1, 2007				
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE U000000731130 05/08/07-80108-010 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STURDIVENT, DOUGLAS R 3632 SE 19TH TERR OKEECHOBEE, FL 34974			
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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 608, Florida Statutes.				
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4/23/07 561-351-4951 <small>Date Daytime Phone #</small>		