## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

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DOCUMENT # L03000046214  1. Entity Name PRIDE PAINTING LLC							04-06-2005 90023 032 ****50.00				
Principal Place of Business Mailing Address								28	10269	CO	
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			SARASOTA, FL 34232								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				03122005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State				4. FEI Numbe	er		[ Ap	oplied For
1., 5.00.00							74-297	9362			t Applicable
Zip		Country	Zip	Coun	try		5. Certificate	of Status Desired		\$5.00 Add	
		-		1						Fee Require	ď
<u> </u>	b. Name	and Address of Current	negistered Agent		Name		7. Name and	Address of New	Registered A	Agent	
TOMASO,	DOMINIC				Name						
3430 CAM	IBRIDGE D	OR .		Street A	ddress (f	P.O. Box Number	er is Not Acceptab	ole)			
SARASOT	TA, FL 342										
					6:5-					1 3: 0 :	
					City				FL	Zip Cod	
8. The above	named entity tions of regist	y submits this statement fo	or the purpose of changing its	registere	ed office o	r register	ed agent, or bol	h, in the State of F	lorida. I am	familiar with,	and accept
	nona or region	orda agorn.									
SIGNATURE											
	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent signat	ure required	when reinstating)		DATE		
		· · · · · · · · · · · · · · · · · · ·	and title if applicable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)	Ма		avable to	
F	Signature, typed	s \$50.00	and title if applicable. (NOTE:	: Registere	d Agent signat	ure required	when reinstating)		DATE ke check p da Departm		e
F	iling Fee i	is \$50.00 y 1, 2005			d Agent signat	ure required	when reinstating)	Floric	ke check p la Departm	ent of State	е
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-3-05

Daytime Phone #