2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Jan 21, 2005 08:00 AM **DOCUMENT # L03000046239 Secretary of State** 1. Entity Name **BLOOMINGDALE PAINTING & PRESSURE WASHING,** Principal Place of Business Mailing Address 4616 OAK RIVER CIRCLE 4616 OAK RIVER CIRCLE VALRICO, FL 33594 VALRICO, FL 33594 01032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1460278 Not Applicable \$5.00 Additional 5, Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOWARD, TOD C DO NOT WRITE 4616 OAK RIVER CIRCLE VALRICO, FL 33594 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) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 U00000183089 01/24/05-80081-013 50.00 MANAGING MEMBERS/MANAGERS 9. MCR TILE HOWARD, TODIC NAME STREET ADDRESS 4616 OAK RIVER CIRCLE VALRICO, FL 33594 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIME NAME STREET ADDRESS CITY-SY-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 specifications are legal effect as it 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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED