

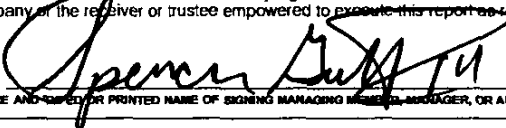


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90312 022 ****50.00

DOCUMENT # L03000047219 1. Entity Name SPENCER GRIFFIN, III, PAINTING, LLC					
Principal Place of Business 2376 FOSTER COURT - TALLAHASSEE, FL 32303			Mailing Address 2376 FOSTER COURT - TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # 536 Robinson Farms Rd Suite, Apt. #, etc.		3. Mailing Address 536 Robinson Farms Rd Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold;">60048733</div> 	
City & State Tallahassee FL Zip 32317		City & State Tallahassee FL Zip 32317		4. FEI Number NOT APPLICABLE	
Country Leon		Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, SPENCER III 2376 FOSTER COURT TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Spencer Griffin III Street Address (P.O. Box Number is Not Acceptable) 536 Robinson Farms Rd. City Tallahassee FL Zip Code 32317	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME GRIFFIN, SPENCER III		TITLE MGRM	NAME Spencer Griffin III	
STREET ADDRESS 2376 FOSTER COURT -	CITY-ST-ZIP TALLAHASSEE, FL 32303		STREET ADDRESS 536 Robinson Farms Rd.	CITY-ST-ZIP Tallahassee, FL 32317	
CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		CITY-ST-ZIP Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 5/1/07 Daytime Phone #: 8505281194		