
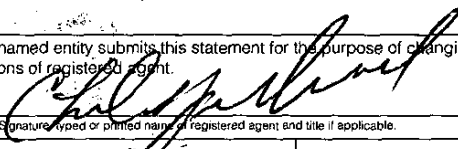


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90528 029 ****55.00

DOCUMENT # L03000047404 1. Entity Name CHAD SMALLWOOD PAINTING, LLC																																	
Principal Place of Business 1172 SEVEILLE LANE N.E. ST PETERSBURG, FL 33714			Mailing Address 1172 SEVEILLE LANE N.E. ST PETERSBURG, FL 33714																														
2. Principal Place of Business 1172 SEVEILLE LANE N.E. Suite, Apt. #, etc.		3. Mailing Address 1172 SEVEILLE LANE N.E. Suite, Apt. #, etc.																															
City & State ST. PETERS FL		City & State ST. PETERS FL		4. FEI Number 43-2035759																													
Zip 33704		Country FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent SMALLWOOD, CHAD 1172 SEVEILLE LANE N.E. ST PETERSBURG, FL 33714				7. Name and Address of New Registered Agent Name Chad Smallwood Street Address (P.O. Box Number is Not Acceptable) 1172 SEVEILLE LANE N.E. City ST. PETERS FL Zip Code 33704																													
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  DATE 4/19/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MGR SMALLWOOD, CHAD 1172 SEVEILLE LANE N.E. ST PETERSBURG, FL 33714 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLWOOD, CHAD 1172 SEVEILLE LANE N.E. ST PETERSBURG, FL 33714 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			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 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  DATE 4/19/04 DAYTIME PHONE # 727.7449126 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	