

AMENDED

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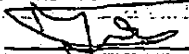
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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 PM 1:05 06/10/04

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DOCUMENT # L03000047476			
1. Entity Name K AND PAINTING LLC			
Principal Place of Business 1233 FRUITVILLE ROAD SARASOTA, FL 34236 US		Mailing Address 2121 MAIN STREET C SARASOTA, FL 34237 US	
2. Principal Place of Business 1917 Bayonne St Suite, Apt. #, etc.		3. Mailing Address 1917 Bayonne St. Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34231		Zip 34231	
Country Sarasota		Country Sarasota	
4. FEI Number 20-0425634		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTHONY OLSON, P.A. 2121 MAIN STREET C SARASOTA, FL 34237		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	KOSTADDIN, KOUNTCHEV A		1917 Bayonne St.
STREET ADDRESS	1233 FRUITVILLE ROAD	STREET ADDRESS	Sarasota, FL 34231
CITY- ST- ZIP	SARASOTA, FL 34236	CITY- ST- ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 04-23-2004	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			