

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90155 012 \*\*\*\*50.00

DOCUMENT # L03000047884  
 1. Entity Name  
 DONOVAN YODER PAINTING, LLC



Principal Place of Business: 7990 CENTREY OAK DR SARASOTA FL 34241  
 Mailing Address: 7990 CENTREY OAK DR SARASOTA FL 34241

2. Principal Place of Business: 4901 LUSTER LEAF LANE  
 Suite, Apt. #, etc.  
 3. Mailing Address: 4901 LUSTER LEAF LANE  
 Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State: SARASOTA FL  
 Zip: 34241 Country: USA  
 City & State: SARASOTA FL  
 Zip: 34241 Country: USA

4. FEI Number: 57-1193342  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 YODER, DONOVAN  
 7990 CENTREY OAK DR  
 SARASOTA FL 34241

7. Name and Address of New Registered Agent  
 Name: Yoder, DONOVAN  
 Street Address (P.O. Box Number is Not Acceptable): 4901 LUSTER LEAF LANE  
 City: SARASOTA FL Zip Code: 34241

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: *[Signature]* DATE: 2/17/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGRM NAME: YODER, DONOVAN STREET ADDRESS: 7990 CENTREY OAK DR CITY-ST-ZIP: SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: Yoder, DONOVAN STREET ADDRESS: 4901 LUSTER LEAF LANE CITY-ST-ZIP: SARASOTA FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 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]* DATE: 2/16/05 DAYTIME PHONE #: 941 780 8320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE