

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 032 ****50.00

DOCUMENT # L03000048085

1. Entity Name
JAMES BEDGOOD PAINTING LLC



Principal Place of Business Mailing Address

3574 CHATELAINE DRIVE **3574 CHATELAINE DRIVE**
TALLAHASSEE FL 32308 **TALLAHASSEE FL 32308**



2. Principal Place of Business 3. Mailing Address

2330 BARCELONA CT. **2330 BARCELONA CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State

TALLAHASSEE, FL. **TALLAHASSEE, FL**

Zip Country Zip Country

32311 **32311** **32311** **32311**

4. FEI Number Applied For

59-3244817 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDGOOD, JAMES R
3574 CHATELAINE DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **JAMES R. BEDGOOD**

Street Address (P.O. Box Number is Not Acceptable)
2330 BARCELONA COURT

City **TALLAHASSEE** FL Zip Code **32311**

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 *James R Bedgood* DATE 2-2-06

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, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEDGOOD, JAMES R 3574 CHATELAINE DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES R BEDGOOD 2330 BARCELONA COURT TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 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: *James R Bedgood* DATE: 2-2-06 850-570-8888