FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90052 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048085

1. Entity Name
JAMES BEDGOOD PAINTING LLC

6000558U

Principal Place of Business	Mailing Address
2330 BARCELONIA CT TALLAHASSEE, FL 32311	2330 BARCELONIA CT TALLAHASSEE, FL 32311

01222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2330 BARCELONA COURT	2330 BARCELONA COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32311 Country: USA	Zip: 32311 Country: USA

4. FEI Number: 59-3244817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEDGOOD, JAMES R 2330 BARCELONIA CT TALLAHASSEE, FL 32311	Name: BEDGOOD, JAMES R. 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 JAMES BEDGOOD 1-22-07
Signature, typed or printed name of registered agent and title, if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BEDGOOD, JAMES R 2330 BARCELONIA CT TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BEDGOOD, JAMES R. 2330 BARCELONA COURT TALLAHASSEE, FL. 32311	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: James Bedgood JAMES BEDGOOD 1-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #