## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<del>.</del>	AIIIIVAI	- 1/21 01/1			Prop .	
DOCUMENT # L03000048091  1. Entity Name DANIEL E. HOWARD PAINTING, LLC					FILED	
1. Entity Nam	Name			在工艺	FILED  O7 APR 25 AM 8: 13	
DANIEL	E. HOWARD PAINTING, LL	.C		100	避川 V/APR 2c	
					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					TALL A TARY OF CO.	
3130 JOREE		3130 JOREE LANE			THE THASSEF E STATE	
	E, FL 32303	TALLAHASSEE, FL 32:	303	λ	LURIDA	
				OF		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		•		
					I MANUALI DIN BATAN KITKI NAKIL NAKIL BAKIL BAKIL BAKIN BAKIN BAKIN MAKIN MAKIN 19191 (1906) IKI MEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		•	4. FEI Number Applied For	
City & State		ony a chair			33-1017986 Not Applica	
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired \$5.00 Additional	
					Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
HOWARD, DANIEL E						
3130 JOR		Street Ad		Street Addres	ess (P.O. Box Number is Not Acceptable)	
IALLAHA	SSEE, FL 32303					
				City	<b>□</b> Zip Code	
					FL '	
		or the purpose of changing its	register	ed office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and acce	ept
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
			•		4	
	lling Fee is \$50.00			<b>&gt;</b>	Make check payable to	
	ue by May 1, 2007			SA	Florida Department of State	( d
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHANGES	×
TITLE	MGR	Delete	TITL		☐ Change ☐ Addi	tion
NAME STREET ADDRESS	HOWARD, DANIEL E 3130 JOREE LANE		NAM	E Et address	300101619303 95/04/9791952915 **50.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32303			-ST-ZIP	05/04/0701052015 **50.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME			NAM	l l		,
STREET ADDRESS				et address		
CITY-ST-ZIP				-ST-ZIP		
TITLE NAME		☐ Delete	TITLI	<b>I</b>	Change Addi	tion
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			CITY	-ST-ZIP		
TITLÉ		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME			NAM			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addii	tion
NAME		L Detate	NAM			LIUJI
STREET ADDRESS			STRE	et aodress		
CITY-ST-ZIP			CITY	-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME STREET ADDRESS			NAM STRE	et address		
CINY-ST-ZIP				-ST-ZIP		
11. I hereby	Learning that the information supplied with the control of the	h this fiting does not qualify fo	r the exe	mptions contain	ined in Chapter 119, Florida Statutes. I further certify that the information	$\dashv$
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: // NOW WOULD 4-25-07 510 70 84						
SIGNAL	SIGNATURE AND PIPED OR PRINTED NAME OF	OF SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPR		-