


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90070 008 ****55.00

DOCUMENT # L03000048381	
1. Entity Name COUNTRY SIDE PAINTING, LLC	

Principal Place of Business 200 ASHLEY LANE OLDSMAR FL 34677	Mailing Address 200 ASHLEY LANE OLDSMAR FL 34677
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2. Principal Place of Business 3678 Amelia Way Suite, Apt. #, etc.	3. Mailing Address 3678 Amelia Way Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Palm Harbor FL	City & State Palm Harbor FL
Zip 34684	Zip 34684
Country USA	Country USA

4. FEI Number 26-0075928	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FERGUSON, WILLIAM P 200 ASHLEY LANE OLDSMAR FL 34677	
7. Name and Address of New Registered Agent Name FERGUSON, William P. Street Address (P.O. Box Number is Not Acceptable) 3678 Amelia Way City Palm Harbor FL Zip Code 34684	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 FERGUSON, WILLIAM P 200 ASHLEY LANE OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERGUSON, William, P. 3678 Amelia Way Palm Harbor FL 34684 <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
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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: William P. Ferguson **william P. Ferguson, 4/14/06 (727) 421-7078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #