

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048474

FILED
Apr 19, 2005
Secretary of State

Entity Name: PARAMOUNT PAINTING LTD CO

Current Principal Place of Business:

3500 WINDMEADOWS BLVD
#7
GAINESVILLE,, FL 32607

New Principal Place of Business:

4881 BRIGITTA DRIVE
SARASOTA, FL 34241

Current Mailing Address:

P O BOX 140874
GAINESVILLE, FL 32614

New Mailing Address:

P O BOX 18901
SARASOTA, FL 34231

FEI Number: 50-0007592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERFOZO, KRISZTIAN
3500 WINDMEADOWS BLVD
#7
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

SERFOZO, KRISZTIAN
4881 BRIGITTA DRIVE
SARASOTA, FL 34241 US

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.

SIGNATURE:

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SERFOZO, KRISZTIAN
Address: 3500 WINDMEADOWS BLVD #7
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: SERFOZO, ANDRAS SR.
Address: 4715 NW 30TH ST
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SERFOZO, KRISZTIAN
Address: 4881 BRIGITTA DRIVE
City-St-Zip: SRASOTA, FL 34241

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KRISZTIAN SERFOZO

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date