


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90331 033 \*\*\*\*50.00

<b>DOCUMENT # L03000048992</b>	
1. Entity Name <b>DON BANKS PAINTING, LLC</b>	

Principal Place of Business <b>8250 DOROTHY AVE NORTH PORT, FL 34287</b>	Mailing Address <b>8250 DOROTHY AVE NORTH PORT, FL 34287</b>
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2. Principal Place of Business <b>2507 MATHER LANE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2507 MATHER LANE</b> Suite, Apt. #, etc.
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City & State <b>NORTH PORT, FLORIDA</b> Zip <b>34286</b> Country <b>U.S.A.</b>	City & State <b>NORTH PORT, FLORIDA</b> Zip <b>34286</b> Country <b>U.S.A.</b>
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02082004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0432633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BANKS, DONALD E JR 8250 DOROTHY AVE NORTH PORT, FL 34287</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BANKS, DONALD E JR 8250 DOROTHY AVE NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BANKS, DONALD E JR 2507 MATHER LANE NORTH PORT, FL 34286</b> <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 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 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:** Donald E. Banks Jr. **Donald E. Banks Jr.** 4/2/04 941-429-4472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #