


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 043 ****50.00

DOCUMENT # L03000049164 1. Entity Name ROBERT FELLMAN PAINTING & WATERPROOFING, LLC	
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Principal Place of Business 1923 LIME TREE DRIVE EDGEWATER FL 32141	Mailing Address 1923 LIME TREE DRIVE EDGEWATER FL 32141
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2. Principal Place of Business <i>1923 Lime Tr. Dr. Edgewater, Fl.</i>	3. Mailing Address <i>1923 Lime Tr. Dr. Edgewater, Fl. 32141</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Edgewater Fl.</i>	City & State <i>Edgewater, Fl.</i>
Zip <i>32141</i>	Zip <i>32141</i>
Country <i>U.S.A.</i>	Country <i>U.S.A.</i>



1st MOORE CR2E083 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
FELLMAN, ROBERT 1923 LIME TREE DRIVE EDGEWATER FL 32141		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Robert Fellman* (NOTE: Registered Agent signature required when reinstating) DATE *3/16/05*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELLMAN, ROBERT 1923 LIME TREE DRIVE EDGEWATER FL 32141 <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
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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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: *Robert Fellman* DATE: *3/16/05* DAYTIME PHONE #: *786-423-3412*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE