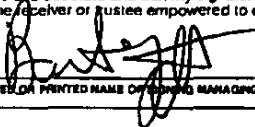


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/16/2005-90013-007-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 25 AM 10:15

DOCUMENT # L03000049455					
1. Entity Name THE PAINTING COMPANY, LLC					
Principal Place of Business 2488 20TH AVE NORTH ST. PETERSBURG, FL 33713			Mailing Address 100 SECOND AVE SOUTH SUITE 901 S ST. PETERSBURG, FL 33701		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0438302	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROACH, WAYNE 2488 20TH AVE NORTH ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name: BLAKE M. BLAKE Street Address (P.O. Box Number is Not Acceptable) 100 2nd AVE SOUTH STE 901S City: ST. PETERSBURG FL Zip Code: 33701		
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: 				DATE: 8/16/2005	
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYBURN, RANDALL C 2488 20TH AVE NORTH ST. PETERSBURG, FL 33713	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member BART L WYATT 100 2nd AVE SOUTH, STE 901S ST. PETERSBURG, FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member JOYCE A. KAROLSKI 100 2nd AVE SOUTH, STE 901S ST. PETERSBURG, FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					