


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90028 037 ****50.00

DOCUMENT # L03000050293	
1. Entity Name JOE PARKER JR. PAINTING L.L.C.	

Principal Place of Business 2301 NE 42 ST OCALA, FL 34479	Mailing Address 2301 NE 42 ST OCALA, FL 34479
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2. Principal Place of Business - No P.O. Box # 1334 S.E. 18 Street	3. Mailing Address 1334 S.E. 18 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, FL	City & State Ocala, FL
Zip 34471	Country USA
Zip 34471	Country USA

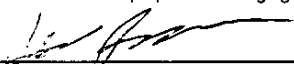
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04132007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent PARKER, JOE JR 2301 NE 42 ST OCALA, FL 34479		7. Name and Address of New Registered Agent Name Joe Parker, Jr Street Address (P.O. Box Number is Not Acceptable) 1334 S.E. 18 Street City Ocala FL Zip Code 34471	
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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  DATE **4-18-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKER, JOE JR. 2301 NE 42 ST. OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Joe Parker, Jr 1334 S.E. 18 Street Ocala, FL 34471 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE **4-18-07** 352.208.8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #