2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000050323

1. Entity Name

KEVIN'S PAINTING & WALLPAPER, LLC



FILED Feb 28, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6345 3RD AVENUE SOUTH ST. PETERSBURG, FL 33707 US

6345 3RD AVENUE SOUTH ST. PETERSBURG, FL 33707

US



DO	TOM	WRITE	IN THIS	SPACE
----	------------	-------	---------	-------

02152005 No Chg-LLC

CR2E083 (10/03)

Daytime Phone #

4. FEi Number 56-2422237

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHLAPOWSKI, PATTI BROWN 6680 GULF BOULEVARD ST. PETE BEACH, FL 33706

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of changings of registered agent	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if approache	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KEVIN D 6345 3RD AVENUE SOUTH ST. PETERSBURG, FL 33707		Unanan246551 02/14/05-80070 -009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 instee empowered to execute this report as required by Chapter 608. Florida Statutes.

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