2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2006 08:00 A Secretary of State

	AITITOAL	ILLI OILI	,	Mar 22, 2006 08:00
DOCLIMENT # L03000051023 1. Entity Name ENGLEHART PAINTING & WALLPAPER, L.L.C.			Secretary of State	
Principal Place of Bus 2205 SW 3RD AVEN OKEECHOBEE, FL 3	NUE	Mailing Address 2205 SW 3RD AVENUE OKEECHOBEE, FL 34974		
DO	NOT WRITE	IN THIS SPA	CE	03142006 No. Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
GRAY, LOIS 104 SW 3RD AV OKEECHOBEE,		egistered Agent		DO NOT WRITE IN THIS SPACE
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 Signature. Appelor puritied name of registered agent and little / applicable (NOTE Registered Agent signature required when refristating) DATE Filling Fee is \$50.00 Due by May 1, 2006				
				04/06/06-80059-020 50.00
STREET ADDRESS 2205 CITY-ST-ZIP OKEL TITLE NAME		STIMAINAGERS		
STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE
NDLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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:

URE: 4 chas Paralehout signature and typed or printed name of signing manaping member, or authorized representative

March 20/06

863-467-023

Daytime Phone #