

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051621

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: ROBERTS PAINTING SERVICE, L.L.C.

**Current Principal Place of Business:**

10288 S.W. 82ND TERRACE  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

10288 S.W. 82ND TERRACE  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 06-1709576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEVANTINI, ROBERT  
10288 SW 82ND TERRACE  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEVANTINI, ROBERT  
Address: 10288 SW 82ND TERRACE  
City-St-Zip: OCALA, FL 34481

Title: MGRM ( ) Delete  
Name: LEVANTINI, ROBERT III  
Address: 10288 SW 82ND TERRACE  
City-St-Zip: OCALA, FL 34481

Title: MGRM ( ) Delete  
Name: LOZITO, MICHAEL ROBERT  
Address: 10406 SW 81ST TERRACE ROAD  
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 LEVANTINI

MGR

02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date