2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 20, 2006 08:00 AM DOCUMENT # L03000051921 **Secretary of State** 1. Entity Name **CURT PALMER PLASTERING LLC** Principal Place of Business Mailing Address 316 OAK KNOLLS CIR 316 OAK KNOLLS CIR SEBRING, FL 33876 SEBRING, FL 33876 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0084942 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMER, CURT DO NOT WRITE 316 OAK KNOLLS CIR SEBRING, FL 33876 IN THIS SPACE 3. 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed represented agent and tide 8 applicable. DATE (NOTE Registered Agent signature required when retretating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR me NAME PALMER, CURT 316 OAK KNOLLS CIR STREET ADDRESS U00000475132 CITY-ST-ZIP SEBRING, FL 33876 04/05/06-80003-012 50.00 BRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP BRE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this fiting 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 cath, that I am a managing member or manager of the limited liability company or the receiver or trustge 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

BRE NAME STREET ADDRESS CITY-ST-DP

SIGNATURE

16/06

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