


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90353 018 ****55.00

DOCUMENT # L03000051928	
1. Entity Name INTERIOR PAINTING OUR SPECIALTY L.L.C.	

Principal Place of Business 3715 LEEDS CT. 02/104 PALM HARBOR, FL 34685	Mailing Address 3715 LEEDS CT. 02/104 PALM HARBOR, FL 34685
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24050500

2. Principal Place of Business 3715 Leeds Ct.	3. Mailing Address 3715 Leeds Ct
Suite, Apt. #, etc. 02/104	Suite, Apt. #, etc. 02/104
City & State Palm Harbor, Florida	City & State Palm Harbor, Florida
Zip 34685	Country U.S.A



02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2434902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required

6. Name and Address of Current Registered Agent LUCAS, RAYMOND J 3715 LEEDS CT. 02/104 PALM HARBOR, FL 34685	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCAS, RAYMOND J 3715 LEEDS CT. 02/104 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

SIGNATURE: Raymond J. Lucas **Raymond J. Lucas (727) 787-6441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **April 19th 2004** Daytime Phone #