

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90133 032 ****55.00

DOCUMENT # L03000052003					
1. Entity Name A-TEAM PAINTING, LLC					
Principal Place of Business 8845 SW 205TH CIRLCE DUNNELLON, FL 34431 US			Mailing Address 8845 SW 205TH CIRLCE DUNNELLON, FL 34431 US		
2. Principal Place of Business 8845 SW 205th Circle Suite, Apt. #, etc.		3. Mailing Address 8845 SW 205th Circle Suite, Apt. #, etc.		49006000 	
City & State Dunnellon FL		City & State Dunnellon FL		4. FEI Number 33-1084081	
Zip 34431		Country Marion		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKATES, DALE 8845 SW 205TH CIRCLE DUNNELLON, FL 34431				7. Name and Address of New Registered Agent Name: <u>None</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:	
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: <u>Dale W. Skates</u> <u>Dale W. Skates</u> 8/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P NAME SKATES, DALE W STREET ADDRESS 8845 SW 205TH CIRCLE CITY-ST-ZIP DUNNELLON, FL 34431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME CASORIA, SHAW STREET ADDRESS 14510 SW 45TH CIRCLE CITY-ST-ZIP OCALA, FL 34473	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME PRICE, WILLIAM K STREET ADDRESS 14510 SW 168TH CIRCLE CITY-ST-ZIP OCALA, FL 34481	<input type="checkbox"/> Delete		TITLE VP NAME Price, William K. STREET ADDRESS 4021 SW 168th Circle CITY-ST-ZIP Ocala, FL 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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: <u>William K. Price</u> 8/12/04 352-465-7107 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					