


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90094 045 \*\*\*\*50.00

<b>DOCUMENT # L03000052192</b> 1. Entity Name <b>MAGICAL PAINTERS LLC</b>					
Principal Place of Business 10016 GLEN MOOR LANE PORT RICHEY, FL 34668			Mailing Address 10016 GLEN MOOR LANE PORT RICHEY, FL 34668		
2. Principal Place of Business <b>7602 HOLLY RIDGE Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>7602 HOLLY RIDGE Dr</b> Suite, Apt. #, etc.			
City & State <b>NEW PORT RICHEY, FL</b> Zip <b>34653</b> Country <b>PASCO</b>		City & State <b>NEW PORT RICHEY, FL</b> Zip <b>34653</b> Country <b>PASCO</b>		4. FEI Number 03312005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BRADY, TIMOTHY A</b> <b>10016 GLEN MOOR LANE</b> <b>PORT RICHEY, FL 34668</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BRADY, TIMOTHY A</b> <b>10016 GLEN MOOR LANE</b> <b>PORT RICHEY, FL 34668</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7602 HOLLY RIDGE Dr</b> <b>NEW PORT RICHEY, FL 34653</b> <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	
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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.					
<b>SIGNATURE:</b> <u>Timothy A. Brady</u> <b>TIMOTHY A. BRADY</b> <u>4/14/05</u> <u>727-847-3075</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					