


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90226 018 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000052192	
<b>1. Entity Name</b> MAGICAL PAINTERS LLC	

<b>Principal Place of Business</b> 7602 HOLLY RODGE DRIVE NEW PORT RICHEY, FL 34653 US	<b>Mailing Address</b> 7602 HOLLY RODGE DRIVE NEW PORT RICHEY, FL 34653 US
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<b>2. Principal Place of Business</b> 15020 Dillbeck Dr Suite, Apt. #, etc.	<b>3. Mailing Address</b> 15020 Dillbeck Dr Suite, Apt. #, etc.
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<b>City &amp; State</b> SPRING HILL, FL	<b>City &amp; State</b> SPRING HILL, FL
<b>Zip</b> 34610	<b>Zip</b> 34610
<b>Country</b> PASCO	<b>Country</b> PASCO



01132006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> BRADY, TIMOTHY A 10016 GLEN MOOR LANE PORT RICHEY, FL 34668	<b>7. Name and Address of New Registered Agent</b> Name: BRADY, TIMOTHY A. Street Address (P.O. Box Number is Not Acceptable): 15020 Dillbeck Drive City: SPRING HILL FL Zip Code: 34610
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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:  DATE: 1-21-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, TIMOTHY A 7602 HOLLY RODGE DRIVE NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, TIMOTHY A 15020 Dillbeck Dr SPRING HILL FL 34610 <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
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
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 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 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:  DATE: 1-21-06 DAYTIME PHONE: 727-856-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE