

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State



1st MOORE CR2E083 (10/04)

DOCUMENT # L03000053013				1. Entity Name PHIL BROWN PAINTING, LLC	
Principal Place of Business 4410 COLERIDGE AVENUE TITUSVILLE FL 32780			Mailing Address 4410 COLERIDGE AVENUE TITUSVILLE FL 32780		
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0539110 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, PHILLIP H 4410 COLERIDGE AVENUE TITUSVILLE FL 32780			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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's signature required when re-registering) _____ DATE _____					

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PHILLIP H		NAME		
STREET ADDRESS	4410 COLERIDGE AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TITUSVILLE FL 32780		CITY - ST - ZIP		
				U00000356227 05/04/05-80026-020 50.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Phillip H. Brown* *Phillip H. Brown* 04/29/05 321-267-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #