


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053013

1. Entity Name
PHIL BROWN PAINTING, LLC



Principal Place of Business Mailing Address
4410 COLERIDGE AVENUE **4410 COLERIDGE AVENUE**
TITUSVILLE FL 32780 **TITUSVILLE FL 32780**

2. Principal Place of Business 3. Mailing Address

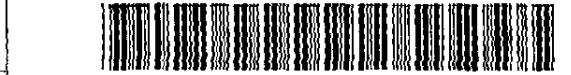
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BROWN, PHILLIP H
4410 COLERIDGE AVENUE
TITUSVILLE FL 32780



4. FEI Number Applied For
20-0539110 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	BROWN, PHILLIP H	4410 COLERIDGE AVENUE	TITUSVILLE FL 32780	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Phillip H Brown 03/27/06 783-1145