2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # L03000053341 1. Entity Name THOMAS TYLER PAINTING, LLC	Secretary of State
Principal Place of Business Mailing Address 4215 E. BAY DR. 4215 E. BAY DR. 1701 E 1701 E CLEARWATER, FL 33764 CLEARWATER, FL 33764	
DO NOT WRITE IN THIS SPA	04172005No Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent TYLER, THOMAS	DO NOT WOITE
4215 E. BAY DR. 1701 E =	DO NOT WRITE IN THIS SPACE
 The above named entity submits this statement for the purpose of changing its régister the obligations of registered agent 	ed office of registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE	รัว ก็อู้ค่าโร้าgnikulo required when rehislating) DATE
Filing Fee is \$50.00 Due by May 1, 2005	
9. MANAGING MEMBERS/MANAGERS TITLE MGRM TYLER, THOMAS W STREET ADDRESS 4215 E. BAY DR., #1701 E CITY- ST-ZIP CLEARWATER, FL 33764	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	000000318877 04/20/05-80076-007 50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP	IN THIS SPACE
NAME STRELT ADDRESS CMY-SF-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filling 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 manager of the execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DES DEVINO PROME PROPRE	