


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000054074</b> 1. Entity Name <b>BILL COBLE PAINTING L.L.C.</b>			
Principal Place of Business <b>8536 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312</b>		Mailing Address <b>8536 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312</b>	
2. Principal Place of Business <b>8536 Bannerman</b> Suite, Apt. #, etc. <b>Bluff Dr</b>		3. Mailing Address <b>8536 Bannerman Bluff Dr</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>	
Zip <b>32312</b>	Country <b>Leon</b>	Zip <b>32312</b>	Country <b>Leon</b>
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COBLE, WILLIAM C 8536 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312</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 <u><i>William Coble</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>6/30/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by September 7, 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	MGRM COBLE, BILL 8536 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200057314662</b> <b>07/12/05--01008--008 **50.00</b>
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 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.			
SIGNATURE: <u><i>William Coble</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>6/30/05</u> <small>Daytime Phone #</small>	

**FILED**  
 05 JUL -1 AM 8:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



06302005 Chg-LLC CR2E083 (10/03)