## 2005 LIMITED LIABILITY COMPANY

## **FILED** May 04, 2005 08:00 AM

|   | ANN  | UAL REPU  | JK I                     |                                |                                       | 04, 2005 00:00   |
|---|--|---|--------------------------|--------------------------------|---------------------------------------|--|
| DOCUMENT # L03000054389   |  |   |                          |                                | Se                                    | ecretary of State  |
| 1. Entity Nam   | 10   |   |                          | ATT S                          |                                       |  |
| BOB THI   | EMAN PAINTING LLO                          | С   |                          |                                |                                       |  |
| }   |  |   |                          |                                | }                                     |  |
| Principal Plac  | e of Business                              | Mailing Ad  | dress                    | ·                              |                                       |  |
| 325 SE 11 1   |  | _ 325 SE 1  |                          |                                |                                       |  |
| DANIA, FL 3   | 3004                                       | DANIA, FI   |                          |                                |                                       |  |
| }   |  | garante de la companya del companya della companya | البر عداد                | _ , ,                          | <br>                                  | NI BENDY BUNY DIREB NYDY TONIO FRION NY 1880   |
|   |  |   |                          |                                |                                       |  |
|   |  |   |                          |                                |                                       | *** ***** **** ***** ***** ***** ***** ****  |
|   |  |   |                          |                                | 04182005No Chg-LLC                    | CR2E083 (10/03)  |
| DO NOT WRITE IN T   |  |   | HIS SPACE                |                                | 4. FEI Number                         | Applied For  |
|   |  |   |                          |                                | 52-2421514                            | Not Applicable   |
|   |  |   |                          |                                | 5. Certificate of Status Desired      | \$5.00 Additional Fee Required   |
| <del></del>   | 6. Name and Address of                     |   | jent .                   |                                | <u> </u>                              |  |
|   | DODGDT :                                   |   | · <del></del>            | }                              |                                       |  |
| THIEMAN, ROBERT 325 SE 11 TERRACE APT 301   |  |   |                          |                                | DO NOT W                              | RITE   |
| DANIA, FL 33004   |  |   |                          | )                              | IN THIS SE                            | DACE   |
| }   |  |   |                          | (                              |                                       | MUL  |
|   |  | . <u></u>   |                          | · ·                            | <u></u>                               |  |
|   |  | tement for the purpose of   | of changing its register | ed office or register          | ed agent, or both, in the State of Fl | orida. I am familiar with, and accept  |
| ine obligat   | tions of registered agent.                 |   |                          | -                              |                                       | , e = 4  |
| SIGNATURE.  | Signature hand or calculationing of social | stared agent and the if and cable   | AVITE Registre           | d Agord Complete Programme     | whom reinctating)                     | DATE   |
| Signature, typod or printed name of registered agent and this if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE |  |   |                          |                                |                                       |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |   |                          |                                |                                       |  |
| 1   | ue by may 1, 2005                          | Marrie Mag  | `                        |                                | 1                                     | •  |
| 9.  | MANAGINO                                   | G MEMBERS/MANAGER   | RS .                     | 1                              | Unnon                                 | 1362986  |
| TITLE   | MGR  |   |                          | i                              | 05/05/05-                             | 1362986<br>80138-025 50.00   |
| NAME<br>STREET ADDRESS  | THIEMAN, ROBERT<br>325 SE 11 TERRACE       |   | . "                      | }                              |                                       |  |
| CITY-ST-ZIP   | DANIA, FL 33004                            | **  |                          | <u></u>                        |                                       | <del>-</del>   |
| TITLE   |  |   |                          | 1                              |                                       |  |
| NAME  |  |   |                          |                                |                                       |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |                          |                                |                                       |  |
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| STREET ADDRESS  |  |   |                          | 1                              | DO NOT W                              | RITE   |
| CITY-ST-ZIP   |  | <u> </u>  |                          | *                              |                                       |  |
| TITLE<br>NAME   |  | · <del>-</del>  |                          | 1                              | IN THIS SI                            | PACE   |
| STREET ADDRESS  |  |   |                          | Į.                             |                                       |  |
| CITY-ST-ZIP   |  |   | , 51 Juli                |                                |                                       |  |
| TITLE   |  |   |                          | 1                              |                                       |  |
| NAME  |  |   |                          | i                              |                                       |  |
| STREET ADDRESS CITY-ST-ZIP  |  |   |                          | de tag some as the designation |                                       | ,  |
| TITLE   | <del></del>                                | <u> </u>  | 47                       | 1                              |                                       |  |
| NAME  |  |   |                          | 1                              |                                       |  |
| STREET ADDRESS  |  |   |                          | 1                              |                                       | المعالمات الم  |
| CITY-ST-ZIP   | }  |   | .1                       | I                              |                                       | and the second s |

11. Thereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE