2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000054772

1. Entity Name
JAIME'S PAINTING, LLC

Principal Place of Business	Mailing Address
3533 SUNSET ISLES BLVD KISSIMMEE, FL 34746	PO BOX 772044 ORLANDO, FL 32877-2044

DO NOT WRITE IN THIS SPACE

02062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0945595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOAIZA, JAIME
3533 SUNSET ISLES BLVD
KISSIMMEE, FL 34746

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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: Jaime Loaiza 2/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

U00000429428
02/22/06-80006-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LOAIZA, JAIME
STREET ADDRESS	3533 SUNSET ISLES BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Jaime Loaiza 2/7/06 407-592-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #