

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000055404

1. Entity Name
BLANTON PAINTING, LLC.



Principal Place of Business
**115 GILMORE DR.
GULF BREEZE, FL 32561**

Mailing Address
**115 GILMORE DR.
GULF BREEZE, FL 32561**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0513745

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLANTON, TROY
115 GILMORE DR.
GULF BREEZE, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLANTON, TROY
115 GILMORE DR.
GULF BREEZE, FL 32561**

TITLE
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CITY-ST-ZIP

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04/26/06-80104-018 50.00

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IN THIS SPACE**

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:

Troy Blanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-9-06 *850-934-0405*

Date

Daytime Phone #