2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000055440

1. Entity Name

HAL LAIRD PAINTING, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

967 ARLINGTON DRIVE WEST PALM BEACH, FL 33415 967 ARLINGTON DRIVE WEST PALM BEACH, FL 33415



01142007No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
16-1690584		Г.	Not Applicable
5 Certificate of Status Desired	П	\$5.00	Additional

J. Certificate of a

Fee Required

561-329-5394

Daytime Phone #

6. Name	and Address	of Current Reg	istered Agent

LAIRD, HAROLD A JR 967 ARLINGTON DRIVE WEST PALM BEACH, FL 33415

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B. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and the if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR LAIRD, HAROLD A JR 967 ARLINGTON DRIVE WEST PALM BEACH, FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000631973 02/21/07-80002-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st billity company or the receiver or trustee empowered to execu-	hall have the same legal effect as if made under or	ath: that I am a managing member or manager of the

THORIZED REPRESENTATIVE