## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED May 13, 2005 08:00 AM Secretary of State **DOCUMENT # L03000055821** SOUTH FLORIDA COATINGS, LLC Principal Place of Business Mailing Address 15648 88TH TRAIL NORTH 15648 88TH TRAIL NORTH PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 US and the second s CR2E083 (10/03) 05112005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0795461 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 1. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 U000000366646 MANAGING MEMBERS/MANAGERS 9. MGRM $\pi\pi$ MAYER, HELMUT NAME STREET ADDRESS 15648 88TH TRAIL NORTH CMY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 coun; that I am a managing member or manager of the ilmited liability company or the property or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Devtime Phone #