


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000056054 1. Entity Name KEITH NANK'S MAINTENANCE AND PAINTING LLC	
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Principal Place of Business 8904 E. TSALA APOPKA DR. INVERNESS, FL 34450	Mailing Address 8904 E. TSALA APOPKA DR. INVERNESS, FL 34450
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05012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 92-0190363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NANK, KEITH A 8904 E. TSALA APOPKA DR. INVERNESS, FL 34450
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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANK, KEITH A 8904 E. TSALA APOPKA DR. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANK, SANDRA V 8904 E. TSALA APOPKA DR. INVERNESS, FL 34450
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<p>U00000561526 05/19/06-80018-019 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Sandra V Nank May 1, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Sandra V Nank