


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000056324 |  |
| 1. Entity Name HOLDEN PAINTING, LLC | |

| | |
|---|---|
| Principal Place of Business 1844 N. NOB HILL ROAD, #294 PLANTATION FL 33322 | Mailing Address 1844 N. NOB HILL ROAD, #294 PLANTATION FL 33322 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | | |
|--|--|--|
| 4. FEI Number 52-2401477 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent |
| SCHRADER, MICHAEL F 3000 SEVILLA AVE., SUITE 216 CORAL GABLES FL 33134-6623 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P O Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HOLDEN, ISAAC 1844 N. NOB HILL ROAD, #294 PLANTATION FL 33322 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 000000229887 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/05-80017-024 \$5.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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 609, Florida Statutes

SIGNATURE:

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

2-9-05 (954) 465-5710

Date

Daytime Phone #