

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90029 009 ****50.00

DOCUMENT # L04000000037					
1. Entity Name FIRST QUALITY PAINTING, LLC					
Principal Place of Business 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043			Mailing Address 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business PMB 188 9802 Baymeadows Rd. Suite, Apt. #, etc. # 12 City & State Jacksonville, Fl. 32256 Zip 32256 Country USA		3. Mailing Address PMB 188 9802 Baymeadows Rd. Suite, Apt. #, etc. #12 City & State Jacksonville, Fl. 32256 Zip 32256 Country USA			
05062005 Chg-LLC CR2E083 (10/03)				4. FEI Number 59-3577432	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUTCHINGS, WILLIAM 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043					
7. Name and Address of New Registered Agent Name MICHAEL G. McDOUGALL Street Address (P.O. Box Number is Not Acceptable) PMB 188 9802 Baymeadows Rd. #12 City Jacksonville, Fl. FL Zip Code 32256					
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 MICHAEL G. McDOUGALL, Reg. Agent 5-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIFESTYLE FINANCIAL SERVICES, INC. 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGIN' MEMBER MICHAEL G. McDOUGALL PMB 188 9802 Baymeadows Rd. #12 Jacksonville, Fl. 32256	<input type="checkbox"/> Change <input checked="" 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 119.07(3)(i), 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:			MICHAEL G. McDOUGALL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
			5-7-05 904-962-1511 <small>Date Daytime Phone #</small>		