

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90045 009 ****50.00

DOCUMENT # L04000000055																	
1. Entity Name BRIGHTWELL 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 56 ABBOTT ST.		3. Mailing Address 56 ABBOTT ST.															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State ST. AUGUSTINE, FL.		City & State ST. AUGUSTINE, FL.															
Zip 32084 Country USA		Zip 32084 Country USA															
4. FEI Number 43-2080777				Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2" style="padding: 2px;">WILLIAM M. BRIGHTWELL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2" style="padding: 2px;">56 ABBOTT ST.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">ST. AUGUSTINE,</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 32084</td> </tr> </table>			Name		WILLIAM M. BRIGHTWELL		Street Address (P.O. Box Number is Not Acceptable)		56 ABBOTT ST.		City	ST. AUGUSTINE,	FL	Zip Code 32084
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Street Address (P.O. Box Number is Not Acceptable)		56 ABBOTT ST.															
City	ST. AUGUSTINE,	FL	Zip Code 32084														
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. <table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE </td> <td style="width:30%; text-align: center;">WILLIAM M. BRIGHTWELL</td> <td style="width:30%; text-align: right;">DATE 4-27-05</td> </tr> </table> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>						SIGNATURE	WILLIAM M. BRIGHTWELL	DATE 4-27-05									
SIGNATURE	WILLIAM M. BRIGHTWELL	DATE 4-27-05															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State															
9. MANAGING MEMBERS/MANAGERS			10. MANAGING MEMBERS/CHANGES														
TITLE	MGRM		TITLE	WILLIAM M. BRIGHTWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition													
NAME	LIFESTYLE FINANCIAL SERVICES, INC.		NAME	56 ABBOTT ST.													
STREET ADDRESS	3264 MANHATTAN AVE		STREET ADDRESS	ST. AUGUSTINE, FL. 32084													
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043		CITY - ST - ZIP														
CITY - ST - ZIP			CITY - ST - ZIP														
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CITY - ST - ZIP			CITY - ST - ZIP														
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:			WILLIAM M. BRIGHTWELL 4-27-05 904-514-0900														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #												