

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90029 012 ****50.00

DOCUMENT # L04000000055 1. Entity Name BRIGHTWELL PAINTING, LLC			
Principal Place of Business 56 ABBOTT ST SAINT AUGUSTINE, FL 32084		Mailing Address 56 ABBOTT ST SAINT AUGUSTINE, FL 32084	
2. Principal Place of Business 5 Macky Ln.		3. Mailing Address 5 Macky Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saint Augustine FL		City & State Saint Augustine FL	
Zip 32084		Zip 32084	
Country		Country	
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 BRIGHTWELL, WILLIAM M 56 ABBOTT ST SAINT AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name William Brightwell Street Address (P.O. Box Number is Not Acceptable) 5 Macky Ln. City Saint 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIGHTWELL, WILLIAM M 56 ABBOTT ST SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brightwell, William 56 Macky Ln. Saint Augustine FL 32084 <input checked="" 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 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: <u>Wm. Brightwell</u>		4-25-06 904-514-0900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	