


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90561 002 *****5.00
03-18-2005 90561 001 *****50.00

DOCUMENT # L04000001013		
1. Entity Name JOHN BLAIR PAINTING, LLC		

Principal Place of Business 948 LAKE IRENE ROAD CASSELBERRY, FL 32707	Mailing Address 948 LAKE IRENE ROAD CASSELBERRY, FL 32707
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2. Principal Place of Business 948 LAKE IRENE RD.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CASSELBERRY FLORIDA	City & State
Zip 32707	Country SEMINOLE



03142005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BLAIR, JOHN 948 LAKE IRENE ROAD CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name DIANNA H. ASHTON INC Street Address (P.O. Box Number is Not Acceptable) 430 STATE ROAD 436, STE 200 City CASSELBERRY FL Zip Code 32707	
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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 **(x) John B Blair** (NOTE: Registered Agent signature required when reinstating) **(x) 3/14/05** DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLAIR, JOHN 948 LAKE IRENE ROAD CASSELBERRY, FL 32707 <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 checked="" 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 checked="" 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 checked="" 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: (x) John B Blair SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	(x) 3/14/05 Date	(x) (407) 832-3422 Daytime Phone
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