

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2005 90014 010 \*\*\*\*50.00


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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|---|---|--|--|--|--|
| <b>DOCUMENT # L04000001685</b>  |   |  |  |   |  |
| 1. Entity Name<br>JOHN PAGE PAINTING, LLC   |   |  |  |  |  |
| Principal Place of Business<br>1726 - 20TH COURT<br>VERO BEACH, FL 32960  |   |  | Mailing Address<br>P.O. BOX 981<br>VERO BEACH, FL 32961-0981 |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address                                   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. <i>delete</i>                    |  |  |  |
| City & State  |   | City & State <i>mailing address</i>                  |  |  |  |
| Zip   | Country   | Zip  | Country  | 4. FEI Number<br><i>105-0447222</i>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>JONES, CHERIL<br>5070 N. HIGHWAY A1A, SUITE 250<br>VERO BEACH, FL 32963  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   | Make check payable to<br>Florida Department of State |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PAGE, JOHN F<br>1726 - 20TH COURT<br>VERO BEACH, FL 32960 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>John S. Page</i>  |   |  | Date: <i>4-29-05</i>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | <small>Daytime Phone #</small>                               |  |  |