


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90041 011 ****50.00

DOCUMENT # L04000006636 1. Entity Name GIRAI DO PAINTING LIMITED LIABILITY COMPANY																													
Principal Place of Business 539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714			Mailing Address 539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-3747605																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent GIRAI DO, MARIO 539 GREEN BRIAR BLVD. ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <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 Due by September 6, 2006		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GIRAI DO, MARIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>539 GREEN BRIAR BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALTAMONTE SPRINGS, FL 32714</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GIRAI DO, MARIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>539 Green Briar Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Altamonte Spgs FL 32714</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	GIRAI DO, MARIO		STREET ADDRESS	539 GREEN BRIAR BLVD.		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GIRAI DO, MARIO		STREET ADDRESS	539 Green Briar Blvd		CITY-ST-ZIP	Altamonte Spgs FL 32714	
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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: _____ 7-14-06 (407) 702-1103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													