## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # L0400006939  1. Entity Name JAMES WILSON PAINTING, LLC.					04-13-2006 9	90031 034 ****5	5.00	
Principal Place of Business 14685 PINE DRIVE LARGO, FL 33774		Mailing Address 14685 PINE DRIVE LARGO, FL 33774						
2. Principal P	Place of Business	3. Mailing Address						
					II) BUJII BIDJI BUILI BUILI KUII	# <b>88</b> 111 <b>40118 8</b> 112 <b>0</b> 10188 E1118 17	LIANI     IND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006		CR2E083 (11/05)		
City & State		City & State		4. FEI Num 13-42	<sub>58170</sub>	<del></del>	pplied For ot Applicable	
Zip	Country	Zıp	Country	5. Certifica	e of Status Desired	\$5.00 Ad		
	6. Name and Address of Current	Registered Agent		7. Name ar	d Address of New R	•		
DYKSTRA, WILLIAM			Mame	Name				
	LAND AVE		Street A	Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
	<ul> <li>named entity submits this statement for tions of registered agent</li> </ul>	or the purpose of changing its	registered office of	r registered agent, or b	oth, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicable (NOTE	Registered Agent signa	lure required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006								
				<b>9</b> ,	I .	e check payable to Department of Stat	te	
		ERS/MANAGERS	10.	g,	I .	Department of Sta	te	
D	MANAGING MEMBI MGRM WILSON, JAMES 14685 PINE DRIVE	ERS/MANAGERS		MGRM GARY KER 10462 116	ADDITIONS/	CHANGES  Change	<b>X</b> Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM WILSON, JAMES		10. TITLE NAME STREET ADDRESS	MGRM GARY KER 10462 116	Florida ADDITIONS/	CHANGES  Change		
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBI MGRM WILSON, JAMES 14685 PINE DRIVE	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM GARY KER 10462 116	ADDITIONS/	Department of State CHANGES  Change	XAddition	
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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: James Wilan
signature and typed on printed name of signing managing member. Manager, or authorized representative

4/5/2006

727-580-1550

Date

Daytime Phone #