


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90027 015 ****55.00

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| DOCUMENT # L04000009131 |  |
| 1. Entity Name PREFERRED PAINTING, LLC | |

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|--|---|
| Principal Place of Business 5038 SE 27TH STREET OCALA, FL 34470 | Mailing Address P.O. BOX 896 OCALA, FL 34478 |
|--|---|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. <u>SAME</u> | 3. Mailing Address Suite, Apt. #, etc. <u>SAME</u> |
| City & State | City & State |
| Zip | Country |



04112005 Chg-LLC CR2E083 (10/03)

| | |
|--|---|
| 4. FEI Number 20-0707480 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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|--|---|
| 6. Name and Address of Current Registered Agent CLELAND, KEN 5038 SE 27TH STREET OCALA, FL 34470 | 7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CLELAND, KEN 5038 SE 27TH STREET OCALA, FL 34470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>SAME</u> <input 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 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: Ken Cleland **Date** 4-24-05 **Daytime Phone #** 352 236-7650