


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90065 008 ****55.00

DOCUMENT # L04000009134	
1. Entity Name WILLIAM HAMILTON PAINTING & HOME REPAIR LLC	

Principal Place of Business 350 ALEXANDER AVENUE DELTONA FL 32725	Mailing Address 350 ALEXANDER AVENUE DELTONA FL 32725
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2. Principal Place of Business 1556 Zinnia DR.	3. Mailing Address 1556 Zinnia DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona Fla.	City & State Deltona Fla.
Zip 32725	Country U.S.

4. FEI Number 25-7236711	Applied For <input type="checkbox"/> Not Applicable
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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 HAMILTON, WILLIAM TRACY 350 ALEXANDER AVENUE DELTONA FL 32725	
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7. Name and Address of New Registered Agent Name William Tracy Hamilton Street Address (P.O. Box Number is Not Acceptable) 1556 Zinnia DR. City Deltona FL Zip Code 32725	
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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 William T. Tracy William Tracy Hamilton 03/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, WILLIAM TRACY 350 ALEXANDER AVENUE DELTONA FL 32725 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hamilton, William Tracy 1556 Zinnia DR Deltona Fla 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William T. Tracy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	03/15/06 386473-2052 <small>Date Daytime Phone #</small>
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