

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90047 035 \*\*\*\*50.00

<b>DOCUMENT # L04000009465</b>					
<b>1. Entity Name</b> <b>AMIGO PAINTING LLC</b>					
<b>Principal Place of Business</b> 150 KENT ROAD 2 - A ST. AUGUSTINE, FL 32086			<b>Mailing Address</b> 17 CORRUNA STREET ST. AUGUSTINE, FL 32084		
<b>2. Principal Place of Business</b> 17 CORUNNA Street		<b>3. Mailing Address</b> 17 CORUNNA STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> St. Augustine, FL		<b>City &amp; State</b> St. Augustine FL		<b>4. FEI Number</b> 58-2461873	
<b>Zip</b> 32084		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>8. Name and Address of Current Registered Agent</b>  RIVERO, MARIA C 17 CORUNNA STREET ST. AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) City <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code</span>		
<b>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.</b>					
<b>SIGNATURE</b> <u>MARIA CRISTINA RIVERO</u> <span style="float: right;">04-29-2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR RIVERO, MARIA C 17 CORRUNA STREET ST. AUGUSTINE, FL 32084		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>MARIA CRISTINA RIVERO</u> <span style="float: right;">04-29-2005</span> <span style="float: right;">904-501-5550</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					