2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # L04000010794 1. Entity Name 04-18-2005 90077 045 ****50.00 DONNIE BURNS PAINTING LLC Principal Place of Business Mailing Address 3153 COTTONWOOD DRIVE 3153 COTTONWOOD DRIVE CRESTVIEW FL 32539 **₩**₩₩₩₩₩₩₩ CRESTVIEW FL 32539 2. Principal Place of Business 3. Mailing Address 5453 Northwood Northwood Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number restuice *gootozzyy* Not Applicable وروح بن هد Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired OKA OKA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donnic <u> 50805-</u> BURNS, DONNIE 3153 COTTONWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32539 Zip Code FL 32539 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 reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10 MGR Delete m G R TITLE Change TITLE ■ Addition NAME BURNS, DAVID Donnie Burns NAME 5453 Northwood Rd. STREET ADDRESS 3153 COTTONWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP 32539 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP IIII F Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

850)218-0206