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ATX1 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** 1 040008 2131 DOCUMENT # 1. Entity Name FLORIDA COASTAL COLORS, LLC BK DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 2412 WOODFIELD CIRCLE 2412 WOODFIELD CIRCLE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State WEST MELBOURNE, FL City & State 4. FEI Number Applied For WEST MELBOURNE, FL 81-0560094 Not Applicable Country Country Zip Zio \$5.00 Additional 5. Certificate of Status Desired us 32904 USA 32904 Fee Required 7. Name and Address of Current Registered Agent RICHARD A. BARCELONA, JR. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 2412 WOODFIELD CIRCLE IN THIS SPACE Zip Code WEST MELBOURNE 32904 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. DATE 5/29/07 Signature, typed or printed name of registered agent and title if applicable 00103510782 MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBER/SOLE MEMBER CR2E083B (12/02) TITLE RICHARD A. BARCELONA, JR NAME 2412 WOODFIELD CIRCLE STREET ADDRESS WEST MELBOURNE, FL 32904 CITY-ST-ZIP TITLE NAME BK STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C1TY-ST-21P TITLE TITLE NAME STREET ADORESS CITY-ST-ZIP 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: 5/29 RICHARD A. BARCELONA, JR 724-350-1029

Date

Daytime Phone #

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

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AUTHORIZATION:

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