


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90013 014 \*\*\*\*55.00

<b>DOCUMENT # L04000012425</b> 1. Entity Name <b>SPECTRUM PAINTING, L.L.C.</b>					
Principal Place of Business <b>1213 WINDWARD CIR NICEVILLE FL 32578</b>			Mailing Address <b>1213 WINDWARD CIR NICEVILLE FL 32578</b>		
2. Principal Place of Business <i>1213 Windward Cir</i> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <i>Niceville FL</i>		City & State _____		4. FEI Number _____	
Zip <i>32578</i>		Country <i>Okla</i>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent  <b>FREY, JOHN S 1213 WINDWARD CIR NICEVILLE FL 32578</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when registering)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <i>owner/manager</i> <input type="checkbox"/> Delete NAME <i>John S Frey</i> STREET ADDRESS <i>1213 Windward Cir</i> CITY-ST-ZIP <i>Niceville FL 32578</i>			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: _____ <i>John S Frey</i> <b>6-1-05 850-897-0700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					