


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90030 041 ****50.00

DOCUMENT # L04000014753					
1. Entity Name DAVID T. ADAMS PAINTING, LLC					
Principal Place of Business 8651 HWY 85 NORTH LAUREL HILL, FL 32567			Mailing Address P.O. BOX 1234 CRESTVIEW, FL 32536		
2. Principal Place of Business 8651 HWY 85 NORTH Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1234 Suite, Apt. #, etc.			
City & State LAUREL HILL FLA		City & State CRESTVIEW FLA		4. FEI Number 42-1671016	
Zip 32567		Country OKALOOSSA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32536		Country OKALOOSSA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, DAVID T 8651 HWY 85 NORTH LAUREL HILL, FL 32567			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 <i>David T Adams</i>				DATE 4/26/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, DAVID T 8651 HWY 85 NORTH LAUREL HILL, FL 32567	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 Chapter 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: <i>David T Adams</i>				DATE 4/26/06	
Signature and typed or printed name of signing managing member, manager, or authorized representative					