

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014920

FILED
Apr 24, 2006
Secretary of State

Entity Name: J.O.III PAINT & HANDY SERVICES LLC

Current Principal Place of Business:

11603 CHURCHILL ST
ORLANDO, FL 32817

New Principal Place of Business:

209 BUTLER DR
SATSUMA, FL 32189

Current Mailing Address:

11603 CHURCHILL ST
ORLANDO, FL 32817

New Mailing Address:

PO BOX 2301
INTERLACHEN, FL 32148

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HARA, JOHN W III
11603 CHURCHILL ST
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

O'HARA, JOHN W III
209 BUTLER DR
SATSUMA, FL 32189 US

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.

SIGNATURE: JOHN W O'HARA

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'HARA, JOHN W III
Address: 11603 CHURCHILL SR
City-St-Zip: ORLANDO, FL 32817

Title: MGR () Delete
Name: O'HARA, ROBIN H
Address: 11603 CHURCHILL ST
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'HARA, JOHN W III
Address: 209 BUTLER DR
City-St-Zip: SATSUMA, FL 32189

Title: MGR (X) Change () Addition
Name: O'HARA, ROBIN H
Address: 209 BUTLER DR
City-St-Zip: SATSUMA, FL 32189

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBIN O'HARA

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date