

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015168

FILED
Jan 12, 2005
Secretary of State

Entity Name: STEPHENS BROTHERS CUSTOM PAINTING & FAUX FINISHING, LLC

Current Principal Place of Business:

14756 OLDE MILL POND CT.
FT. MYERS, FL 33908

New Principal Place of Business:

14754 OLDE MILL POND CT.
FT. MYERS, FL 33908

Current Mailing Address:

14756 OLDE MILL POND CT.
FT. MYERS, FL 33908

New Mailing Address:

14754 OLDE MILL POND CT.
FT. MYERS, FL 33908

FEI Number: 20-0796136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHENS, TERRY B
14756 OLDE MILL POND CT.
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

STEPHENS, TERRY B
14754 OLDE MILL POND CT.
FT. MYERS, FL 33908 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: TERRY B STEPHENS

01/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STEPHENS, TERRY B
Address: 14756 OLDE MILL POND CT.
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM () Delete
Name: AVIS, HUGH
Address: 11251 JACANA CT., #1901
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRY B STEPHENS

MGR

01/12/2005

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