


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016047 1. Entity Name STROKES PAINTING "L.L.C."	
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FILED

05 MAY 19 PM 3:08

L205/19/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 38 WILLIE JENKINS ROAD CRAEFORDVILLE, FL 32327	Mailing Address 38 WILLIE JENKINS ROAD CRAEFORDVILLE, FL 32327
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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05192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2980290	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARLES
38 WILLIE JENKINS ROAD
CRAEFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	SMITH, CHARLES
STREET ADDRESS	38 WILLIE JENKINS ROAD
CITY-ST-ZIP	CRAEFORDVILLE, FL 32327
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE S. SMITH
STREET ADDRESS	38 WILLIE JENKINS RD.
CITY-ST-ZIP	CRAWF. FL 32327
TITLE	MGR MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESSIE S. SMITH
STREET ADDRESS	38 WILLIE JENKINS RD.
CITY-ST-ZIP	CRAEFORDVILLE, FL 32327
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Charles R. Smith 5-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #