2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

01-18-2005 90179 014 ****50.00
L04000017597

FILED
05 FEB 4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01042005 Cng-LLC CR2E083 (10/03)

DOCUMENT # L04000017597

1. Entity Name
THREE WISE MEN PAINTING, LLC

Principal Place of Business	Mailing Address
5111 BELLVIEW AVE. PENSACOLA, FL 32526	5111 BELLVIEW AVE. PENSACOLA, FL 32526

2. Principal Place of Business	3. Mailing Address
5111 BELLVIEW AVE.	5111 BELLVIEW AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL.	City & State: PENSACOLA, FL.
Zip: 32526 Country: ESCAMBIA	Zip: 32526 Country: ESCAMBIA

4. FEI Number: 84-1638362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BILLINGS, CHARLES E JR
5111 BELLVIEW AVE.
PENSACOLA, FL 32526

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 ______________________________ DATE
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THAXTON, KENT N 3256 CREEKWOOD DRIVE CANTONMENT, FL 32533	☒ Delete	MGR YVONNE M. THAXTON 3256 CREEKWOOD DRIVE CANTONMENT, FL. 32533	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BILLINGS, CHARLES E JR 5111 BELLVIEW AVE. PENSACOLA, FL 32526	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 E Billings Jr 01/02/05 850-944-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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