## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000017597**

1. Entity Name
THREE WISE MEN PAINTING, LLC



FILED Jan 09, 2006 08:00 AN Secretary of State

Principal Place of Business

5111 BELLVIEW AVE. PENSACOLA, FL 32526 Mailing Address

5111 BELLVIEW AVE. PENSACOLA, FL 32526



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01042006No Chg-LLC CR2E083 (11/05)

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

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<ol> <li>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 active obligations of registered agent.</li> </ol>			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00	U00000379581		

## Filing Fee is \$50.00 Due by May 1, 2006

U00000379581 01/10/06-80030-006 50.00

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	9. MANAGING MEMBERS/MANAGERS		
	TITLE NAME STREET ADDRESS City-ST-ZIP	MGR THAXTON, KENT N 3256 CREEKWOOD DRIVE CANTONMENT, FL 32533	
	TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM BILLINGS, CHARLES E JR 5111 BELLVIEW AVE. PENSACOLA, FL 32526	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAXTON, YVONNE M 3256 CREEKWOOD DRIVE CANTONMENT, FL 32533	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE Name Street Address City-St-Zip		
	TITLE NAME STREET ADDRESS		

DO NOT WRITE IN THIS SPACE

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: Paules & Billings Charles E. Billings OI/07/06 850-944-22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGING MEDICER AND AUTHORIZED REPRESENTATIVE

Date Date Docume Phone #