


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90102 016 ****50.00

DOCUMENT # L04000017901	
1. Entity Name THE PAINTERS, LLC	

Principal Place of Business 20033 WARKNOCK ROAD FOUNTAIN FL 32438	Mailing Address 20033 WARKNOCK ROAD FOUNTAIN FL 32438
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2. Principal Place of Business 322 Shasta St. Suite, Apt. #, etc. Panama City Beach City & State FLA. Zip 32413 Country Bay	3. Mailing Address 322 Shasta St. Suite, Apt. #, etc. Panama City Beach City & State FLA. Zip 32413 Country Day
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1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent MITCHUM, ROBERT R 20033 WARKNOCK ROAD FOUNTAIN FL 23438	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Robert R. Mitchum Street Address (P.O. Box Number is Not Acceptable) 322 Shasta St. City Panama City Beach FL Zip Code 32413	
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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 Robert R. Mitchum Robert R. Mitchum 5-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHUM, ROBERT R 20033 WARKNOCK ROAD FOUNTAIN FL 32438 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODOM, CHERYL A 20033 WARKNOCK ROAD FOUNTAIN FL 32438 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert Seth Mitchum 822 Shasta St. Panama City Beach 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert R. Mitchum Robert R. Mitchum 5-25-05 850-819-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #