



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018002 1. Entity Name EASY ROLLERS PAINT & TILE, LLC				 <div style="text-align: right;"> 05 MAY 12 PH 3:27 TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 105 KING BEE DRIVE CRAWFORDVILLE, TX 32327				Mailing Address 105 KING BEE DRIVE CRAWFORDVILLE, TX 32327	
2. Principal Place of Business <u>105 King Bee Drive</u> Suite, Apt. #, etc.		3. Mailing Address <u>105 King Bee Drive</u> Suite, Apt. #, etc.		 04252005 Chg-LLC CR2E083 (10/03) 5/12	
City & State <u>Crawfordville, FL</u> Zip <u>32327</u> Country <u>USA</u>		City & State <u>Crawfordville, FL</u> Zip <u>32327</u> Country <u>USA</u>		4. FEI Number <u>200901129</u> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PRESSLEY, TORI 3238 ADDISON LANE TALLAHASSEE, FL 32317			7. Name and Address of New Registered Agent Name <u>Sharon Thompson</u> Street Address (P.O. Box Number is Not Acceptable) <u>105 King Bee Drive</u> City <u>Crawfordville</u> FL Zip Code <u>32327</u>		
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 <u>Sharon Thompson V</u> <u>Sharon Thompson</u> <u>4-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
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	P M THOMPSON, WILLIAM 105 KING BEE DRIVE CRAWFORDVILLE, TX 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM Thompson, William 105 King Bee Drive Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, SHARON 105 KING BEE DRIVE CRAWFORDVILLE, TX 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sharon Thompson 105 King Bee Drive Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRY, SCOTT 105 KING BEE DRIVE CRAWFORDVILLE, TX 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054319842 05/12/05--01015--006 **75.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <u>Sharon Thompson Sharon Thompson</u> <u>4-25-05</u> <u>926-4701</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					