


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000022687**

1. Entity Name  
**JACK MUNK - PAINTING, LLC**



Principal Place of Business      Mailing Address

**714 105TH AVE N  
 NAPLES, FL 34108 US**      **POST OFFICE BOX 962  
 NAPLES, FL 34106 US**

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNK, JOHN D  
 714 105TH AVE N  
 NAPLES, FL 34108**

**DO NOT WRITE IN THIS SPACE**

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, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MUNK, JOHN D 714 105TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MUNK, EMILY E 714 105TH AVE N NAPLES, FL 34108
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 02/02/06-80037-005 50.00

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: John D. Munk      **JOHN D. MUNK**      1/22/06      291-597-6828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #