2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL I	REPURI (AR)		_ Fab 22 20	06 08.00 AM
DOCUMENT # L04000023598 1. Entity Name				Feb 23, 2006 08:00 AM Secretary of State	
PAINTS E	BY WÎLLIAMS LLC				
Principal Place of Business		Mailing Address			
1310 FRANK SMITH RD. OUINCY FL 32352		1310 FRANK SMITH RD. QUINCY FL 32352			
2. Principal Place of Business		3. Mailing Address		1 (1991) #(1) #(2) #(2) #(3) #(3) #(3) #(3)	Delii Belle 1222 122 2012 272 2012 122
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)
City & State		City & State			2 Applied For Not Applicat
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New I	legistered Agent
WILLIAMS, LESTER M 1310 FRANK SMITH RD. QUINCY FL 32352				s (P.O. Box Number is Not Acceptabl	e)
			City		Zip Code
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	ered agent, or both, in the State of FI	
SIGNATURE	Signature, type-d or printed name of registered age	int and life if applicable (NOIE	Registered Agent signature requi	red when reinstation)	OATE
		Make Check Payabl	WIII FEE IS \$50.00 e to Florida Departm By May 1, 2006		
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS	/CHANGES
DTLE NAME STRUET ADDRESS CITY-ST-ZPP	MGRM WILLIAMS, LESTER 1310 FRANK SMITH RD. QUINCY FL 32352	□ Delete	TITLE NAME STREET ADDRESS CTY-S1-ZIP	000000 03/07/06-8	□ Change □ Addi: 45473 80048-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-LIP		☐ Deleta	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ A
TITLE NAME STREET AUDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS EITY-ST-ZIP		☐ Change ☐ A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗀 Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add33
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	CITEE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I Berehu	certify that the information euoplied a	are the time door and audit, to	e tha avamaticas castai.	and in Canting 410 Clarke and an end	1 5 March 20 march 1 1 1 1 2 2 2 2 2 1 - 1 - 1 2 2 2 2 2 2

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lester M. W. Williams

850-627-561-

FILED