

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000024469

FILED
May 22, 2006
Secretary of State**Entity Name:** TERRI WARD PAINTING LLC**Current Principal Place of Business:**32WINDSOR LN.
FT WALTON BCH, FL 32547**New Principal Place of Business:****Current Mailing Address:**32WINDSOR LN.
FT WALTON BCH, FL 32547**New Mailing Address:****FEI Number:** 61-1461393**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TERRI, WARD
32WINDSOR LN
FT WALTON BCH, FL 32547 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**Title: MGRM () Delete
Name: WARD, TERRI S
Address: 32WINDSOR LN.
City-St-Zip: FT WALTON BCH, FL 32547Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MM () Change (X) Addition
Name: WARD, SCOTT T
Address: 32 WINDSOR LN
City-St-Zip: FWB,, FL 32547Title: MM () Change (X) Addition
Name: SUSPENSKY, MARTI
Address: 311 BEAR ST
City-St-Zip: FWB, FL 32547Title: MM () Change (X) Addition
Name: BERRY, BRANDON
Address: 32WINDSOR LN
City-St-Zip: FWB, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRI WARD

MMMS

05/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date