## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## FILED Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # L04000024880 1. Entity Name **GIBSON PAINTING LLC** Mailing Address Principal Place of Business, 4823 SW 5TH PLACE 4823 SW 5TH PLACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 US 02012006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 32-2421438 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIBSON, JAMES W DO NOT WRITE 1412 SE 39TH STREET CAPE CORAL, FL 33904 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGR GIBSON, JAMES W NAME 1412 SE 39TH STREET STREET ADDRESS CITY-ST-ZP CAPE CORAL, FL 33904 MGR TITLE NAME GIBSON, SANDRA K 4823 SW 5TH PLACE STREET ADDRESS CAPE CORAL, FL 33914 U00000534094 05/06/05-80150-004 50.00 CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P NAME STREET ADDRESS DTY-57-78 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE