

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

04-28-2005 90038 019 ****50.00

DOCUMENT # L04000026618 1. Entity Name AAA GATOR MIKE'S PAINTING, LLC					
Principal Place of Business 19212 N.W. 81ST TERRACE ALACHUA, FL 32616			Mailing Address P.O. BOX 8 ALACHUA, FL 32616		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

30010383

04102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1853193		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				7. Name and Address of New Registered Agent			
MARKOWITZ, MICHAEL 19212 N.W. 81ST TERRACE ALACHUA, FL 32616				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			

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: *Michael Markowitz* (NOTE: Registered Agent signature required when reinstating) 10/25/05
DATE

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKOWITZ, MICHAEL			NAME			
STREET ADDRESS	P.O. BOX 8			STREET ADDRESS			
CITY - ST - ZIP	ALACHUA, FL 32616			CITY - ST - ZIP			

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 606, Florida Statutes.

SIGNATURE: *Michael Markowitz* 4/25/05 352-219-5480

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #