2007 LIMITED LIABILITY COMPANY

ate

ANNUAL REPORT				Niay 03, 200 / 08:0
DOCU	MENT # L040000	26796		Secretary of Sta
	AINTING, LLC)
Principal Plac	e of Business	Mailing Address		_
170-A S. ORLANDO AVENUE COCOA BEACH, FL 32931 US 170-A S. ORLANDO AVENU COCOA BEACH, FL 32931				
DO NOT WRITE IN THIS SPA			SPACE	04142007 No Chg-LLC
				4. FEI Number Applied For 11-3716425 Not Applicable
•				5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		
1028220) EDDIE I			DO NOT WOITE
LOSASSO, EDDIE J 170-A S. ORLANDO AVENUE				DO NOT WRITE
COCOA BEACH, FL 32931				IN THIS SPACE
_				
	e named entity submits this statem tions of registered agent.	ent for the purpose of chang	ng its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURÉ.	Eddy	le do s	mo_	4/28/07
1	Signature typed or printed name of registerer	d gent and title applicable	(NOTE: Registered Agent signature require	ed when reinstating) DATE
	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING M	EMBERS/MANAGERS		
TITLE NAME	MGR LOSASSO, EDDIE J			
STREET ADDRESS	170-A S. ORLANDO AVENI	JE		
CITY-ST-ZIP	COCOA BEACH, FL 32931			•
TITLE				
NAME STREET ADDRESS				U00000760022
CITY-ST-ZIP				05/24/07-80065-023 50.00
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
NAME CTREET ADDRESS				11110 017102
STREET ADDRESS CITY-ST-ZIP				
THILE				
NAME	-			
STREET ADDRESS CITY - ST - ZIP				J.
TITLE -			····································	

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 emprewered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

CLIX-SI-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

321 184834