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Secretary of State

02-28-2005 90042 047 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029380

1. Entity Name
C.J.A. PAINTING L.L.C.

Principal Place of Business	Mailing Address
6212 BUTTERNUT DR LAKELAND, FL 33813	6212 BUTTERNUT DR LAKELAND, FL 33813

02102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
212 PAlencia	212 Palencia St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LKld Fl	City & State: LKld, Fl
Zip: 33803 Country:	Zip: 33803 Country: Polk

4. FEI Number: 27-0089446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INCLEMA, CHARLES L JR 6212 BUTTERNUT DR LAKELAND, FL 33813	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 [signature] DATE 2.20.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INCLEMA, CHARLES 6212 BUTTERNUT DR LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Inclema, Charles 212 Palencia St LKld Fl. 33803	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: [signature] 2-20.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #