2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # L04000032427 Sep 11, 2008 08:00 AM Secretary of State PASTEL PAINTING, LLC Principal Place of Business Mailing Address 223 NIPPINO TRAIL EAST P.O. BOX 1087 NOKOMIS, FL 34275 SARASOTA, FL 34230 09022008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-3644374 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OZARK, DAMIAN M ESQ DO NOT WRITE 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MGR TITLE PASSANANT, PAUL J NAME STREET ADDRESS P.O. BOX 1087 CITY-ST-ZIP SARASOTA, FL 34230 TITLE NAME U00000959515 09/11/08-80004-010 143.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME

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 each; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP

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

941-366-9434