


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032600						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="margin-bottom: 5px;">05 SEP -7 PM 12:29</div> <div style="margin-bottom: 5px;">SECRETARY OF STATE</div> <div style="margin-bottom: 5px;">TALLAHASSEE, FLORIDA</div>	
1. Entity Name JAMES BROWN PAINTING LLC							
Principal Place of Business 1536 VERDUN BLVD Boxwood Ln. TALLAHASSEE, FL 32303				Mailing Address 1536 VERDUN BLVD 5071 Boxwood Ln. TALLAHASSEE, FL 32303			
2. Principal Place of Business 5071 Boxwood Ln Suite, Apt. #, etc.				3. Mailing Address 5071 Boxwood Ln. Suite, Apt. #, etc.			
City & State Tallahassee, Fla. Zip 32303 Country U.S.A.				City & State Tallahassee, Fla. Zip 32303 Country U.S.A.			
4. FEI Number 04-3756666				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				08302005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent BROWN, JAMES R JR 1536 VERDUN BLVD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, JAMES R JR 1536 VERDUN BLVD TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, James R JR 5071 Boxwood Ln. Tallahassee, Fla. 32303			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James R Brown Jr</i>						8-30-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date Daytime Phone #	