



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90097 039 ****50.00

| | | | | | |
|--|---|---------------------------|---|--|--|
| DOCUMENT # L04000033159 | | | |  | |
| 1. Entity Name VINCE BETTERLY PAINTING CONTRACTOR, LLC | | | | | |
| Principal Place of Business 115 CONASKONK CIRCLE ROYAL PALM BEACH, FL 33411 US | | | Mailing Address 115 CONASKONK CIRCLE ROYAL PALM BEACH, FL 33411 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number | | | | <input checked="" type="checkbox"/> 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 | | |
| BETTERLY, VINCENT J 115 CONASKONK CIRCLE ROYAL PALM BEACH, FL 33411 | | | 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 May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | | TITLE | | |
| NAME | BETTERLY, VINCENT J <input type="checkbox"/> Delete | | NAME | | |
| STREET ADDRESS | 115 CONASKONK CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Vincent J. Betterly</i> | | | 4-21-05 561 939391 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |