2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000036338

1. Entity Name

BUDGET 1 PAINTING, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

10534 MAGRATH LANE NEW PORT RICHEY, FL 34654 10534 MAGRATH LANE **NEW PORT RICHEY, FL 34654**



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 52-2406721

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

	CHAEL GRATH LANE IT RICHEY, FL 34654	IN THIS SPACE
the obligat	ions of registered agent.	gistered offlice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept
SIGNATURE.		agistered Agent signature required when reinstating) DATE
After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGR REED, MICHAEL	
STREET ADDRESS	10534 MAGRATH LANE	Honocoportor
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	U00000796136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		
NAME STREET ADDRESS	,	
STREET VOUNTSS		

DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 608, Florida Statutes.
	infinited liability company of the receiver of trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE