

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90199 050 ****55.00

DOCUMENT # L04000038716					
1. Entity Name CJ'S PAINTING, L.L.C.					
Principal Place of Business 7220 POINCIANA DRIVE PANAMA CITY BEACH, FL 32407			Mailing Address POST OFFICE BOX 9216 PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business 8319 Elisabeth Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Panama City Beach FL		City & State Panama City Beach FL		01142005 Chg-LLC CR2E083 (10/03)	
Zip 32417		Country Bay Country		4. FEI Number 20-1019299	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LECOMTE, CHARLOTTE 7220 POINCIANA DRIVE PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name: LECOMTE Charlotte Street Address (P.O. Box Number is Not Acceptable): 8319 Elisabeth Ave City: Panama City Beach FL Zip Code: 32417		
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: <u>Charlotte Lecomte</u> (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECOMTE, CHARLOTTE PO BOX 9216 PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDEN, MIKE PO BOX 9216 PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Charlotte Lecomte</u> Date: _____ Daytime Phone #: _____					