2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-05-2006 90019 043 ****50.00
03-22-2006 90291 044 ****50.00

DOCUMENT # L04000038716

1. Entity Name
CJ'S PAINTING, L.L.C.

Principal Place of Business	Mailing Address
8319 ELISABETH AVE PANAMA CITY FL 32417	POST OFFICE BOX 9216 PANAMA CITY BEACH FL 32407

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
8319 Elisabeth Ave	P.O. Box 9216
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Fl 32417	City & State: Panama City Beach Fl
Zip: 32417 Country: Bay	Zip: 32407 Country: Bay

4. FEI Number 20-1019299 — Applied For / ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LECOMTE, CHARLOTTE
8319 ELISABETH AVE
PANAMA CITY FL 32417

7. Name and Address of New Registered Agent

Name: Charlotte LeComte
Street Address (P.O. Box Number is Not Acceptable): 8319 Elisabeth Ave
City: Panama City Fl 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: Charlotte LeComte — 3/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Patricia Risner 8319 Elisabeth Ave Panama City Fl 32417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Patricia Risner 8319 Elisabeth Panama City Fl 32417	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Charlotte LeComte — 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #