

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90145 011 ****50.00

DOCUMENT # L04000039644 1. Entity Name ENTERPRISE HOUSE PAINTING LLC																													
Principal Place of Business 6128 DUCLEY FOREST DRIVE SOUTH JACKSONVILLE, FL 32244				Mailing Address 6128 DUCLEY FOREST DRIVE SOUTH JACKSONVILLE, FL 32244																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	01092007 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 20-1199358				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 SEARS, CHARLES A 3616 EMERSON STREET JACKSONVILLE, FL 32207																									
7. Name and Address of New Registered Agent Name <u>Charles A. Sears</u> Street Address (P.O. Box Number is Not Acceptable) <u>2011 GIBSON RD</u> City <u>JAX.</u> <u>FL</u> Zip Code <u>32207</u>				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>[Signature]</u> DATE <u>1-12-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SPACH, DONALD G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6128 DUCLEY FOREST DRIVE SOUTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td></td> </tr> </table>				TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SPACH, DONALD G		STREET ADDRESS	6128 DUCLEY FOREST DRIVE SOUTH		CITY - ST - ZIP	JACKSONVILLE, FL 32244		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing 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.																													
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1-17-07</u> Daytime Phone #																									

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