

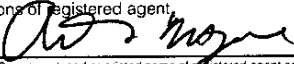
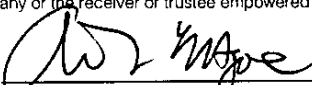


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90047 035 ****50.00

DOCUMENT # L04000040983 1. Entity Name TONY MAGONE'S PAINTING LLC					
Principal Place of Business 124 KILDEER CT DAYTONA BEACH, FL 32119				Mailing Address 124 KILDEER CT DAYTONA BEACH, FL 32119	
2. Principal Place of Business 112 SPINNAKER CIR Suite, Apt. #, etc.		3. Mailing Address 112 SPINNAKER CIR Suite, Apt. #, etc.			
City & State SOUTH DAYTONA, FL		City & State SOUTH DAYTONA, FL		4. FEI Number 20-1194986	
Zip 32119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGONE, ANTHONY 124 KILDEER CT DAYTONA BEACH, FL 32119				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 112 SPINNAKER CIR City SOUTH DAYTONA FL Zip Code 32119	
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  DATE 4-27-05 <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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGONE, ANTHONY 124 KILDEER CT DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	112 SPINNAKER CIR SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: 		Date 4-27-05 (386) Daytime Phone # 566-0944			