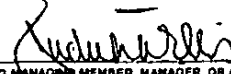


ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90109 038 ****50.00

DOCUMENT # L04000041097			
1. Entity Name DECORATIVE PAINTING L.L.C.			
Principal Place of Business 1055 6TH AVE., APT. 10A VERO BEACH FL 32960		Mailing Address 1055 6TH AVE., APT. 10A VERO BEACH FL 32960	
2. Principal Place of Business 377 Tangerine Sq. SW.		3. Mailing Address 377 Tangerine Sq. S.W.	
Suite, Apt. #, etc. VERO BEACH FL.		Suite, Apt. #, etc. VERO BEACH FL.	
City & State VERO BEACH FL.		City & State VERO BEACH FL.	
Zip 32968		Zip 32968	
Country INDIAN RIVER		Country INDIAN RIVER	
4. FEI Number 16-1725218		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ELLIS, JUDITH A 1055 6TH AVE., APT. 10A VERO BEACH FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELLIS, JUDITH A 1055 6TH AVE., APT. 10A VERO BEACH FL 32960 ☐ 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
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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 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: JUDITH A. ELLIS 		Date: 4-20-05 Daytime Phone #: 772-794-0919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	