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	Mailing Address
1055 6TH AVE., APT. 10A VERO BEACH FL 32960	1055 6TH AVE., APT. 10A VERO BEACH FL 32960

2. Principal Place of Business	3. Mailing Address
377 Tangerine Sq. SW.	377 Tangerine Sq. S.W.
Suite, Apt. #, etc. UERO BEACH FL.	Suite, Apt. #, etc. UERO BEACH
City & State	City & State FL.
Zip 32968 Country INDIAN River	Zip 32968 Country INDIAN River

1st MOORE CR2E083 (10/04)

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	7. Name and Address of New Registered Agent
ELLIS, JUDITH A 1055 6TH AVE., APT. 10A VERO BEACH FL 32960	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 ______________________________
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, 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
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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 [signature] 4.20.05 772-794-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #