## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # L04000043420  1. Entity Name ROGERS PAINTING L.L.C.						05-03-2006 9	90029 020 ***	*50.00
Principal Plac	e of Business	Mailing Address						
PO BOX 19319 SARASOTA, FL 34231		PO BOX 19319						
SARASUTA, F	L 34231	SARASOTA, FL 34231			I I I I I I I I I I I I I I I I I I I	O DIM SIDIA SOMA SOMI ODM	N PRIM EIRER IVN PIECE	4(1 B4(94) 111 1891
2 Principal P	Place of Business	3. Mailing Address						
Principal Place of Business					F3    6     90    60    60	II BBIR QUBBU IKIN BIRIB I	<b>B</b> \$1 <b>B\$10 B</b> 1   13    <b>8</b> 5	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112006	Chg-LLC	CR2E083 (11	(05)	
City & State		City & State		4. FEI Numbe			Applied For	
Zip	Country	Zip Country		34-200		\$5.00	Not Applicable  Additional	
						of Status Desired	Fee Re	quired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CALDWELL, ROGER ALLEN			-	Street Address (P.O. Box Number is Not Acceptable)				
	TH SHADE AVENUE A, FL 34231	Street Address (		SS (F.O. BOX NUMB	(P.O. Box Number is Not Acceptable)			
	•							
				City			FL Zip	Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registere	d office or regi	istered agent, or bo	th, in the State of Flo	orida. I am familiar	with, and accept
	iono di registorea agenti.							
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	Agent signature req	quired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		T				-		
FI D	iling Fee is \$50.00 ue by May 1, 2006						e check payable Department of	
9.	ue by May 1, 2006  MANAGING MEMBER	RS/MANAGERS	10.				Department of	
9. TITLE	MANAGING MEMBER	RS/MANAGERS	TITLE		-	Florida	Department of	State
9.	ue by May 1, 2006  MANAGING MEMBER		TITLE NAME			Florida	Department of	State
9. TITLE NAME	MANAGING MEMBER MGR CALDWELL, ROGER	□ Delete	TITLE NAME STREE		-	Florida	CHANGES	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR CALDWELL, ROGER PO BOX 19319		TITLE NAME STREE CITY-:	ET ADORESS ST-ZIP		Florida	Department of	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR CALDWELL, ROGER PO BOX 19319	□ Delete	TITLE NAME STREE CITY-: TITLE NAME	ET ADORESS ST-ZIP		Florida	CHANGES	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR CALDWELL, ROGER PO BOX 19319	□ Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Florida	Bepartment of CHANGES	state Inge Addition Inge Addition
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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: Ky Carry Carry Constitution of Signing Managing Member, Manager, or authorized representative

13/9/06

Daytime Phone #