

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90077 039 \*\*\*\*50.00

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03022007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000046621</b> 1. Entity Name <b>CONDO COLORS LLC</b>					
Principal Place of Business <b>8730 THOMAS DRIVE #1109 PANAMA CITY BEACH, FL 32408</b>			Mailing Address <b>2621 WEST AVE PANAMA CITY BEACH, FL 32408</b>		
2. Principal Place of Business - No P.O. Box # <b>2621 WEST AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PANAMA CITY BEACH, FL</b>		City & State			
Zip <b>32408</b>		Country <b>U.S.A.</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CLEMENT, RANDY 2621 WEST AVE PANAMA CITY BEACH, FL 32408</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Randy Clement</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENT, RANDY 2621 WEST AVE PANAMA CITY BEACH, FL 32408		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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><i>Randy Clement</i></u> <b>RANDY CLEMENT</b>			Date <u>3/2/07</u> 850-234-7836 Daytime Phone # <u>850-960-7424</u>		