

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90207 032 \*\*\*\*50.00

<b>DOCUMENT # L04000054859</b> 1. Entity Name <b>TODD'S PAINTING, LLC</b>																											
Principal Place of Business <del>9046 FOXWOOD DRIVE NORTH</del> <del>TALLAHASSEE, FL 32309</del>		Mailing Address <del>9046 FOXWOOD DRIVE NORTH</del> <del>TALLAHASSEE, FL 32309</del>																									
2. Principal Place of Business <b>2960 W. Washington St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2960 W. Washington St.</b> Suite, Apt. #, etc.																									
City & State <b>Monticello, FL</b> Zip <b>32344</b>		City & State <b>Monticello, FL</b> Zip <b>32344</b>																									
4. FEI Number <b>20-2184189</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>HALL, ROBERT TODD</b> <b>9046 FOXWOOD DRIVE NORTH</b> <b>TALLAHASSEE, FL 32309</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																											
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">MGRM</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALL, ROBERT TODD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>9046 FOXWOOD DRIVE NORTH</del> <b>2960 W. Washington St.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>TALLAHASSEE, FL 32309</del> <b>Monticello, FL 32344</b></td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	HALL, ROBERT TODD		STREET ADDRESS	<del>9046 FOXWOOD DRIVE NORTH</del> <b>2960 W. Washington St.</b>		CITY-ST-ZIP	<del>TALLAHASSEE, FL 32309</del> <b>Monticello, FL 32344</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																											
<b>SIGNATURE:</b> <u>Robert Todd Hall</u> <b>ROBERT T. HALL</b>		Date <u>5/14/06</u> Daytime Phone # <u>342-3509</u>																									