


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90025 024 ****50.00

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| DOCUMENT # L04000055209 | |  |
| 1. Entity Name JERRY INGLETON PAINTING, L.L.C. | | |

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| Principal Place of Business 350 MRYTICE AVENUE MERRITT ISLAND, FL 32953 US | Mailing Address 350 MRYTICE AVENUE MERRITT ISLAND, FL 32953 US |
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|--------------------------------|---------|-----------------------------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address 5400 Fishtail Palm Ave. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Cocoa, FL | |
| Zip | Country | Zip 32927 | Country |

20015919



02162005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 432056955 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required <input type="checkbox"/> |
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| 6. Name and Address of Current Registered Agent LIGHTHOLDER, DAVE JR. 219 BROADVIEW DRIVE COCOA, FL 32922 | | 7. Name and Address of New Registered Agent Name: Gerald A. Ingleton Street Address (P.O. Box Number is Not Acceptable): 5400 Fishtail Palm Ave. City: Cocoa FL Zip Code: 32927 | |
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| 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: <i>Gerald A. Ingleton</i> DATE: 2-22-05 | |
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**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIGHTHOLDER, DAVE JR., 219 BROADVIEW DRIVE COCOA, FL 32922 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIGHTHOLDER, DAVE SR., 1770 MERRIMAC DRIVE MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM INGLETON, JERRY 5400 FISHTAIL PALM COCOA, FL 32927 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM INGLETON, DONNA 5400 FISHTAIL PALM COCOA, FL 32927 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 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.

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| SIGNATURE: <i>Gerald A. Ingleton</i> | 2-22-05 (321) 637-3475 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |