


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058045 1. Entity Name CHALLIS PAINTING & DECORATING, LLC	
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Principal Place of Business 11185 COMMERCIAL WAY BROOKSVILLE, FL 34614	Mailing Address 11185 COMMERCIAL WAY BROOKSVILLE, FL 34614
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04012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1301278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DWORETSKY, ROXANE
11185 COMMERCIAL WAY
BROOKSVILLE, FL 34614**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000518472
05/02/06-80013-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DWORETSKY, ROXANE 1185 COMMERCIAL WAY BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALLIS, ROBERT J 11185 COMMERCIAL WAY BROOKSVILLE, FL 34614
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**DO NOT WRITE
IN THIS SPACE**

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: Roxane Dworetsky ROXANE DWORETSKY 4/12/06 597-7126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #