


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90087 036 \*\*\*\*\*55.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000060718</b>                 |  |
| 1. Entity Name<br><b>RED TOP PAINTING, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1401 LAKE DRIVE<br/>CANTONMENT, FL 32533 US</b> | Mailing Address<br><b>1401 LAKE DRIVE<br/>CANTONMENT, FL 32533 US</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business <i>Home</i><br><b>1401 Lake Dr. Cantonment, FL.<br/>Suite, Apt. #, etc. 32533</b> | 3. Mailing Address<br><b>P.O. Box 7581<br/>Suite, Apt. #, etc.</b> |
| City & State<br><b>Pensacola, FL.</b>  | City & State<br><b>Pensacola, FL. 32534</b>                        |
| Zip<br><b>32533</b>  | Country<br><b>USA</b>  |
| Zip<br><b>32534</b>  | Country<br><b>USA</b>  |



03112005 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>ISBELL, ARVIS R<br/>1401 LAKE DRIVE<br/>CANTONMENT, FL 32533</b>                  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 *Arvis R. Isbell* DATE *4/27/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ISBELL, ARVIS R<br>1401 LAKE DRIVE<br>CANTONMENT, FL 32533 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: *Arvis R. Isbell* / *Arvis R. Isbell* DATE *4/12/05* (850) *572-3058*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE