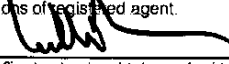
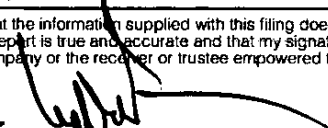


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90035 033 ****50.00

DOCUMENT # L04000061513 1. Entity Name LAMASTUS PAINTING LLC					
Principal Place of Business 7710 PINEAPPLE LANE PORT RICHEY, FL 34668			Mailing Address 408 ORANGE ST. PALM HARBOR, FL 34683		
2. Principal Place of Business 408 Orange St.		3. Mailing Address P.O. Box 550			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Harbor, FL		City & State Ozona, FL		4. FEI Number 20-1547599	
Zip 34683		Country USA		Zip 34660	
Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NORMAN, LAWRENCE L 408 ORANGE ST. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Norman, Lawrence L. Street Address (P.O. Box Number is Not Acceptable) 580 Bay St. P.O. Box 550 City Ozona FL Zip Code 34660		
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  LAWRENCE L. NORMAN/MANAGING MEMBER 4/25/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGR NORMAN, LAWRENCE L 8137 GOLDEN BEAR LOOP PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Norman, Lawrence L. 580 Bay St. Palm Harbor, FL. 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			LAWRENCE L. NORMAN MANAGING MEMBER 4/25/05 (727) 457-1105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					