

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90047 001 \*\*\*\*50.00

<b>DOCUMENT # L04000065709</b>					
<b>1. Entity Name</b> JB PROFESSIONAL PAINTING, LLC					
<b>Principal Place of Business</b> 2636 MISSION RD LOT 133 TALLAHASSEE, FL 32304			<b>Mailing Address</b> 2636 MISSION RD LOT 133 TALLAHASSEE, FL 32304		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 5285 Black Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Milton FL		<b>4. FEI Number</b> 59-5289848	
Zip		Zip 32583		Country Santa Rosa	
<b>6. Name and Address of Current Registered Agent</b> BOGDA, JOSHUA 2636 MISSION RD LOT 133 TALLAHASSEE, FL 32304			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State FL		
Zip Code			City		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		<b>DATE</b> _____	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR BOGDA, JOSHUA 2636 MISSION RD LOT 133 TALLAHASSEE, FL 32304		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM NORMAN, JACKI 2636 MISSION RD LOT 133 TALLAHASSEE, FL 32304		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Joshua Bogda</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					