

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000066428 1. Entity Name AMERICAN CUSTOM PAINTING & CARPENTRY LLC	
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Principal Place of Business 8230 DAMES POINT CROSSING # 1601 JACKSONVILLE, FL 32277	Mailing Address 8230 DAMES POINT CROSSING # 1601 JACKSONVILLE, FL 32277
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04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0249925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLERREN, TODD 3536 ST. JOHNS AVE JACKSONVILLE, FL 32205
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**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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARELA, JUAN ALBERTO 8230 DAMES POINT CROSSING # 1601 JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJUMEA, SILVIA M 8230 DAMES POINT CROSSING # 1601 JACKSONVILLE, FL 32277
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05/18/07-80120-013 50.00

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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:  **04-30-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #