2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE

Mar 31, 2005 8:00 am Secretary of State DOCUMENT # L04000070410 1. Entity Name 03-31-2005 90127 033 ****55.00 ELIAS PAINTING, LLC Principal Place of Business Mailing Address 6016 KENNETH ROAD FT. MYERS FL 33919 UNUVIVALIO 6016 KENNETH ROAD FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 59-265 Not Applicable Zip Country Žip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELIAS, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 6016 KENNETH ROAD FT. MYERS FL 33919. Zip Code F 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME ELIAS, FREDERICK NAME STREET ADDRESS 6016 KENNETH ROAD STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP TITLE ☐ Delete THLE □ Спалде ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P ☐ Change ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED