2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L04000082091

Entity Name: SHOCKEY'S PAINTING SERVICE, L.L.C.

Current Principal Place of Business:

413 COLLINSFORD RD.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

413 COLLINSFORD RD.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2074024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBERG, STUART E
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHOCKEY, MIKE
Address: 1719 BEECHWOOD CIRCLE SOUTH
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: SHOCKEY, APIRL
Address: 1719 BEECHWOOD CIRCLE SOUTH
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHOCKEY, MIKE
Address: 413 COLLINSFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM (X) Change ( ) Addition
Name: SHOCKEY, APIRL
Address: 413 COLLINSFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: APRIL SHOCKEY MGRM 04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date