
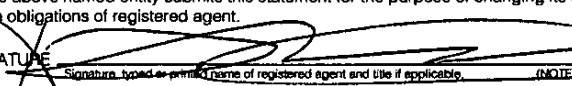



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90017 024 ****50.00

DOCUMENT # L04000084854 1. Entity Name JULIN'S FLOORING & PAINTING LLC			
Principal Place of Business 201 E 25TH ST #N-156 LYNN HAVEN, FL 32404 US		Mailing Address 201 E 25TH ST #N-156 LYNN HAVEN, FL 32404 US	
2. Principal Place of Business 206 Baldwin Road Suite, Apt. #, etc. Apt I		3. Mailing Address P.O. BOX 1624 Suite, Apt. #, etc.	
City & State Panama City, FL		City & State Lynn Haven, FL	
Zip 32405	Country USA	Zip 32444	Country USA
4. FEI Number 20-1857019		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JULIN, RAUL 201 E 25TH ST #N-156 LYNN HAVEN, FL 32404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 4/15/2005	
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 MGRM NAME JULIN, RAUL STREET ADDRESS 201 E 25TH ST CITY-ST-ZIP LYNN HAVEN, FL 32404	<input type="checkbox"/> Delete	TITLE MGRM NAME Julin, Raul STREET ADDRESS 206 Baldwin Road Apt I CITY-ST-ZIP Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE 4/15/2005	