


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90027 010 ****55.00

DOCUMENT # L04000092504	
1. Entity Name LIFELONG COATINGS OF AMERICA, LLC	

Principal Place of Business 5250 CHALLEDON DRIVE VIRGINIA BEACH, VA 23462	Mailing Address 5250 CHALLEDON DRIVE VIRGINIA BEACH, VA 23462
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2. Principal Place of Business 2529 SILVER STAR ROAD Suite, Apt. #, etc.	3. Mailing Address 2529 SILVER STAR ROAD Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32804	Country USA



02152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2046012	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name: BILL R. SIMPSON Street Address (P.O. Box Number is Not Acceptable): 4211 ARBOR OAKS COURT City: ORLANDO FL Zip Code: 32808
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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: Bill R. Simpson DATE: 4-12-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Bill R. Simpson DATE: 4-12-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE