


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90258 048 ****50.00

DOCUMENT # L05000002208					
1. Entity Name JOE COOPER PAINTING AND REPAIRS L.L.C.					
Principal Place of Business 75 CLAY REVELL ROAD SOPCHOPPY, FL 32358			Mailing Address 75 CLAY REVELL ROAD SOPCHOPPY, FL 32358		
2. Principal Place of Business 3380 SPRING RD.		3. Mailing Address 3380 SPRING RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL.		City & State TALLAHASSEE, FL.		4. FEI Number 03112006 Chg-LLC CR2E083 (11/05)	
Zip 32305		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, JOE A 75 CLAY REVELL ROAD SOPCHOPPY, FL 32358		7. Name and Address of New Registered Agent Name COOPER, JOE A. Street Address (P.O. Box Number is Not Acceptable) 3380 SPRING RD. City TALLAHASSEE FL Zip Code 32305			
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: <u>Joe A. Cooper</u>		(JOE A. COOPER)		3-16-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, JOE A 75 CLAY REVELL ROAD SOPCHOPPY, FL 32358 (CHANGE OF ADDRESS)	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, JOE A. 3380 SPRING RD. TALLAHASSEE, FL 32305 <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
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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
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 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: <u>Joe A. Cooper</u>		(JOE A. COOPER)		3-16-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 850.575.6866	