

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

DOCUMENT # L05000005118

1. Entity Name
ROGERS PAINTING LLC



Principal Place of Business
221 COVINGTON AVE #145
THOMASVILLE, GA 31792

Mailing Address

221 COVINGTON AVE #145
THOMASVILLE, GA 31792

2. Principal Place of Business - No P.O. Box #

2180 portsmouth

Suite, Apt. #, etc.
circle

City & State
Tallahassee, FL

Zip
32311

Country

3. Mailing Address

2180 portsmouth

Suite, Apt. #, etc.
circle

City & State
Tallahassee, FL

Zip
32311

Country

6. Name and Address of Current Registered Agent

ROGERS, EDWARD L
1000 N. RAILROAD ST
MONTICELLO, FL 32344

Name

Edward Rogers

Street Address (P.O. Box Number is Not Acceptable)

2180 portsmouth circle

City

Tallahassee

FL

Zip Code
32311

04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
74-3156776

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGERS, EDWARD L 221 COVINGTON AVE #145 THOMASVILLE, GA 31792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward Rogers 2180 portsmouth circle	<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	Tallahassee, FL	<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	600097297516 04/18/07--01013--005 ***50.00	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4-11 CLL80	<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: Edward Rogers

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

4-11-07

Date

Daytime Phone #