## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL SEPORT

## FILED DOCUMENT # L05000005914 2007 AUG -8 AM 10: 31 ISLAND PAINTING & PRESSURE CLEANING LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 33 BUTTONWOOD DR PO BOX 1578 KEY LARGO, FL 33037 KEY LARGO, FL 33037 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number £5-1023064 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAPTISTE, EVEREST SR Street Address (P.O. Box Number is Not Acceptable) 33 BUTTONWOOD DR KEY LARGO, FL 33037 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE 2001083935<mark>-</mark>Change Delete BAPTISTE, EVEREST SR NAME NAME 08/21/07--01065--003 STREET ADDRESS 33 BUTTONWOOD DR STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME GONZALES, MARTIN NAME STREET ADDRESS 33 BUTTONWOOD DR STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE **MGRM** Delete TITLE ☐ Change Addition JACKMAN, RON BRENT osvaldo Zavagoza 33 buttonwood Br. NAME NAME STREET ADORESS 1100 HAMMOCK TRAIL APT, 1302 STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.