

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018663

Entity Name: MIKE ROSS PAINTING, LLC

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

6449 ARBOR LANE  
GULF BREEZE, FL 32563

## New Principal Place of Business:

1843 SUNRISE DRIVE  
NAVARRE, FL 32566

## Current Mailing Address:

6449 ARBOR LANE  
GULF BREEZE, FL 32563

## New Mailing Address:

1843 SUNRISE DRIVE  
NAVARRE, FL 32566

FEI Number: 20-2381410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, MICHAEL D  
6449 ARBOR LANE  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

ROSS, MICHAEL D  
1843 SUNRISE DRIVE  
NAVARRE, FL 32566 US

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.

SIGNATURE: MICHAEL D ROSS

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROSS, MICHAEL D  
Address: 6449 ARBOR LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ROSS, MICHAEL D  
Address: 1843 SUNRISE DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Change (X) Addition  
Name: DIEDERICHSEN, JULIE A  
Address: 1843 SUNRISE DRIVE  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE A DIEDERICHSEN

MGMR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date