LIMITED L'ABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 605000018972

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FILED

SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name 06 OCT 23 AM 10: 08 SCHUMACHER PAINTING SERVICES LLC DO NOT WRITE IN THIS SPACE 800080307958 09/29/06--01054--002 **50.00 2. Principal Place of Business 3. Mailing Address **10100 NW 8TH LANE** Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OCALA, FL 03-0556761 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34482-2516 Fee Required 7. Name and Address of Current Registered Agent CLIFFORD SCHUMACHER DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 10100 NW 8TH LANE IN THIS SPACE City Zip Code OCALA 34482 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 DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE MGR TITLE CR2E083B (12/02 800080307958 10/23/06--01037--019 **100.00 CLIFFORD SCHUMACHER NAME NAME 10100 NW 8TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCALA FL 34482** CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SNATURE:

1/15/2006

352-237-0199

Date

Daytime Phone #