2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-03-2006 90158 001 *****5.00
02-03-2006 90158 002 ****50.00
L05000022139

DOCUMENT # L05000022139

1. Entity Name

JILL MOORE PAINTING, LLC

Principal Place of Business	Mailing Address
203 MAGNOLIA ROAD HAWTHORNE FL 32640	P. O. BOX 862 HAWTHORNE FL 32640

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1506265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, JILL L 203 MAGNOLIA RD. HAWTHORNE, FL. FL 32640	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: JILL L. MOORE Jill L. Moore 1-24-06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Jill L. Moore PO Box 862 203 Magnolia Rd. Hawthorne FL 32640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LR 04/11/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

SECRETARY OF STATE TALLAHASSEE, FLORIDA
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jill L. Moore 3-6-06 352 222-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #