## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L05000025531



**FILED** Apr 20, 2006 8:00 am Secretary of State

1. Entity Nam	ne .			04-20-2006 90035	027 33.00		
FAMILY F	PAINTING, LLC						
Principal Plac	e of Business	Mailing Address					
10548 DEAD END ROAD			10548 DEAD END ROAD				
MILTON FL 32570 US		MILTON FL 32570 US	US				
		33					
2. Principal F	lace of Business	3. Mailing Address			##119 KGS1 #1791 #1100 11101 110		
		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		10E000 (40.05)		
		·			1st MOORE CR2E083 (10/05)		
City & State		City & State	City & State		Ap	plied For	
					89 No	t Applicable	
Zip	Country	Zíp	Country	4. FEI Number 260 109 / 5. Certificate of Status Desired	- \$5.00 Add	itional	
			·		Fee Require	<u> </u>	
	6. Name and Address of	Current Registered Agent		7. Name and Address of New Regi	stered Agent		
			Name	Name			
SCOTT, KIM KELLY 10548 DEAD END ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)			
MILTON FL 32570							
IVIIL							
	The state of the s		City		Zip Code		
			<u> </u>			ļ	
<ol><li>8. The above the obligat</li></ol>	named entity submits this stat ions of registered agent.	ement for the purpose of changing its .	registered office or	registered agent, or both, in the State of Florida	a. I am familiar with,	and accept	
CICNIATURE						ł	
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable. (NOT)	. Registered Agent signatu	re required when reinstating)	DATE		
		C. College Car	NAME OF THE STATE OF THE	-0.00			
			W!!! FEE IS \$!				
	• • •	Make Check Payab	e to Florida Dep By May 1, 2006				
		THE TOUR WELL STORY	By May I, ZUUC			i	
9.		MEMBERS/MANAGERS	10.	ADDITIONS/CH			
TITLE	MGR	☐ Delete	TITLE	4. 5 11 . 6	ANGES		
NAME	SCOTT, KIM KELLY		TITLE	marm	ANGES Change	<b>Ç⊠</b> Addition	
STREET ADDRESS	l '	Selete	NAME	MGRM Lloyd E. Scott		<b>∑</b> Addition	
CITY-ST-ZIP	10548 DEAD END ROAD	_ 5000	NAME STREET ADDRESS	Lloyd E. Scott 10548 Dead End Rd.		<b>☼</b> Addition	
	10548 DEAD END ROAD MILTON FL 32570-6		NAME STREET ADDRESS	MGRM Lloyd E. Scott 10548 Dead End Rd. Milton, FL 32570		<b>⊠</b> Addition	
TITLE	10548 DEAD END ROAD MILTON FL 32570-6 MGRM	⊠ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	Lloyd E. Scott 10548 Dead End Rd.		Addition	
TITLE NAME	10548 DEAD END ROAD MILTON FL 32570-6 MGRM ODOM, TRINA RENEE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Lloyd E. Scott 10548 Dead End Rd.	☐ Change		
TITLE NAME STREET ADDRESS	10548 DEAD END ROAD MILTON FL 32570-6 MGRM ODOM, TRINA RENEE 15530 MUNSON HWY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Lloyd E. Scott 10548 Dead End Rd.	☐ Change		
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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: / WW M - X4 ("WW V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE