


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State


07-10-2006 90103 011 ****55.00

DOCUMENT # L05000034133	
1. Entity Name TIMOTHY KRAUSE PAINTING, LLC	

Principal Place of Business 1024 MARLOW AVENUE SPRINGHILL, FL 34606 US	Mailing Address 1024 MARLOW AVENUE SPRINGHILL, FL 34606 US
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2. Principal Place of Business 1024 Marlow Ave	3. Mailing Address 1024 Marlow Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Springhill FL	City & State Springhill FL
Zip 34606	Zip 34606
Country US.	Country US.


	
07062006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 177542502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TOMOTHY, KRAUSE 1024 MARLOW AVENUE SPRINGHILL, FL 34606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAUSE, TIMOTHY 1024 MARLOW AVENUE SPRINGHILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: 	7-1-06 (352) 398-7483
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>