

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90021 013 ****50.00

| | | | | | |
|--|---------|-----|--|---|--|
| DOCUMENT # L05000042296 | | | |  | |
| 1. Entity Name JV QUALITY PAINTING, LLC | | | | | |
| Principal Place of Business 8927 SW 98TH AVE GAINESVILLE, FL 32608 | | | Mailing Address 8927 SW 98TH AVE GAINESVILLE, FL 32608 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | | |



01272006 Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 20-2757151 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent SNARE, ROGER L 8927 SW 98TH AVE GAINESVILLE, FL 32608 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|--|---|---------------------------------|--|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VAUGHN, JOHN A 8927 SW 98TH AVE GAINESVILLE, FL 32608 | <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: John A. Vaughn 3/10/2006 352-495-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #