2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90132 011 ****55.00

DOCUMENT # L05000049826

1. Entity Name
EDDIE ROGERS PAINTING, L.L.C.

20001590

Principal Place of Business	Mailing Address
RT. 4 BOX 2489 LAKE BUTLER, FL 32054	RT. 4 BOX 2489 LAKE BUTLER, FL 32054

2. Principal Place of Business	3. Mailing Address
8479 S.E. 164th Ct.	8479 S.E. 164th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Butler, FL	City & State: Lake Butler, FL.
Zip: 32054 — Country: Union	Zip: 32054 — Country: Union

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 202980565 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, EDDIE
RT. 4 BOX 2489
LAKE BUTLER, FL 32054

7. Name and Address of New Registered Agent

Name: Rogers, Eddie
Street Address (P.O. Box Number is Not Acceptable): 8479 S.E. 164th Ct.
City: Lake Butler FL Zip Code: 32054

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: X Eddie Rogers X 1-9-06
Signature, typed or printed name of registered agent and title if applicable. (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	MGR ROGERS, EDDIE RT. 4 BOX 2489 LAKE BUTLER, FL 32054	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rogers, Eddie 8479 S.E. 164th Ct. Lake Butler, FL. 32054	☑ 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

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: X Eddie Rogers X 1-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #