

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050852

Entity Name: PORTER PAINTING LLC

FILED
May 06, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 121
CRAWFORDVILLE, FL 323260121

New Principal Place of Business:

PO BOX 1845
CRAWFORDVILLE, FL 323261845

Current Mailing Address:

PO BOX 121
CRAWFORDVILLE, FL 323260121

New Mailing Address:

PO BOX 1845
CRAWFORDVILLE, FL 323261845

FEI Number: 59-3262488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PORTER, HOLLY
52 WAKULLA ARRAN RD.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

PORTER, HOLLY
25 WOODLAND DRIVE
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE:

05/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORTER, HOLLY
Address: PO BOX 121
City-St-Zip: CRAWFORDVILLE, FL 323260121

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PORTER, HOLLY
Address: PO BOX 1845
City-St-Zip: CRAWFORDVILLE, FL 323261845

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HOLLY PORTER

MGRM

05/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date