


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 034 \*\*\*\*\*55.00

DOCUMENT # L05000052063		
1. Entity Name BIG "D" PAINTING & PRESSURE WASHING, L.L.C.		

Principal Place of Business RT. 4 BOX 2489 LAKE BUTLER, FL 32054	Mailing Address RT. 4 BOX 2489 LAKE BUTLER, FL 32054
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2. Principal Place of Business 8479 S.E. 164 <sup>th</sup> Ct Suite, Apt. #, etc.	3. Mailing Address 8479 S.E. 164 <sup>th</sup> Ct. Suite, Apt. #, etc.
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City & State Lake Butler, FL	City & State Lake Butler, FL
Zip 32054	Country Union

20000360



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 202959937	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNER, DONALD RT. 4 BOX 2489 LAKE BUTLER, FL 32054	
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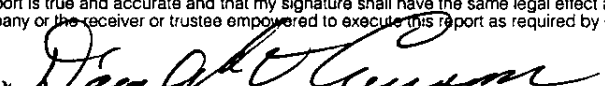
7. Name and Address of New Registered Agent Name Conner, Donald Street Address (P.O. Box Number is Not Acceptable) 8479 S.E. 164 <sup>th</sup> Ct. City Lake Butler, FL Zip Code 32054	
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8. The above named entity submits this statement for the purpose 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 	DATE 1-9-06

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 CONNER, DONALD RT. 4 BOX 2489 LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Conner, Donald 8479 S.E. 164 <sup>th</sup> Ct. Lake Butler, FL 32054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 1-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	