

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90056 041 \*\*\*\*55.00

<b>DOCUMENT # L05000055311</b> 1. Entity Name <b>EMERY BROS. PAINTING LLC</b>					
Principal Place of Business <b>1450 CHIPPEWA LANE</b> <b>GENEVA, FL 32732 US</b>			Mailing Address <b>1450 CHIPPEWA LANE</b> <b>GENEVA, FL 32732 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>41-2178435</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EMERY, DOUGLAS E</b> <b>1450 CHIPPEWA LANE</b> <b>GENEVA, FL 32732</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EMERY, DOUGLAS E</b> <b>1450 CHIPPEWA LANE</b> <b>GENEVA, FL 32732</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EMERY, STEPHEN V JR</b> <b>1503 NOTTINGHAM DRIVE</b> <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			Date <b>4/26/06</b> Daytime Phone # <b>407 375 1728</b>		
<b>SIGNATURE:</b> <i>Doug Emery</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					