


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 031 ****50.00

DOCUMENT # L0500064580	
1. Entity Name AUDREY'S PAINTING, LLC	

Principal Place of Business 11 BYRON ELLINOR DRIVE, APT. C ORMOND BEACH FL 32176	Mailing Address 11 BYRON ELLINOR DRIVE, APT. C ORMOND BEACH FL 32176
---	---



2. Principal Place of Business 12 RIVER DR.	3. Mailing Address 12 RIVER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State ORMOND Bch. FL	City & State ORMOND Bch. FL.
Zip 32176	Country Volusia
Zip 32176	Country Volusia

4. FEI Number 203177748	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	---

6. Name and Address of Current Registered Agent SEAGROVES, AUDREY E 11 BYRON ELLINOR DRIVE, APT. C ORMOND BEACH FL 32176	7. Name and Address of New Registered Agent Name: SEAGROVES, AUDREY E. Street Address (P.O. Box Number is Not Acceptable): 12 RIVER DR. City: ORMOND Bch. FL Zip Code: 32176
--	---

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAGROVES, AUDREY A 11 BYRON ELLINOR DRIVE, APT. C ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAGROVES, AUDREY E 12 RIVER DR. ORMOND Bch. FL. 32176 <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
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
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 Section 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: Audrey E. Seagroves

04/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #