2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED - Feb 02, 2007 08:00 AM DOCUMENT # L05000067603 **Secretary of State OCEANSIDE PAINTING LLC** Principal Place of Business Mailing Address 485 33RD AVE SW 485 33RD AVE SW VERO BEACH, FL 32968 VERO BEACH, FL 32968 01282007No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0565542 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LEWIS, JAMES A DO NOT WRITE 485 33RD AVE SW VERO BEACH, FL 32968 IN THIS SPACE 5. 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, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME LEWIS, JAMES A STREET ADDRESS 485 33RD AVE SW CITY-ST-ZIP VERO BEACH, FL 32968 TITLE U00000617669 02/07/07-80083-016 50.00 NAME CUNDIFF, JOHN P STREET ADDRESS 1452 27TH AVE CITY-ST-ZIP VERO BEACH, FL 32960 TITLE **MGRM** LEWIS, HOMER B JR NAME STREET ADDRESS 1555 28TH AVE DO NOT WRITE CITY-ST-ZIP VERO BEACH, FL 32960 TILLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE

11. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

| SIGNATURE: | 1-30-07 | 772-360-805 |
|---------------------------------------------------------------------------------------------|---------|-----------------|
| SIGNATURE AND TYPED OR PROMED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |