2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90031 009 ****55.00

DOCUMENT # L05000073263

1. Entity Name
FLYING TIGERS PAINTINGS, LLC

Principal Place of Business
2489 TALCO HILLS DR. #B
TALLAHASSEE, FL 32303

Mailing Address
2489 TALCO HILLS DR. #B
TALLAHASSEE, FL 32303

03312006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1803 Salmon Dr.	1803 Salmon Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl	City & State: Tallahassee, Fl
Zip: 32303 Country: U.S.A.	Zip: 32303 Country: U.SA.

4. FEI Number: 03-0566390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARRELL, BRIAN S 2489 TALCO HILLS DR. #B TALLAHASSEE, FL 32303	Name: Brian S. Farrell Street Address (P.O. Box Number is Not Acceptable): 1803 Salmon Dr. City: Tallahassee FL Zip Code: 32303

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 [signature] MGMR — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 05/01/2006

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	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	FARRELL, BRIAN S		NAME	Farrell, Brian S	
STREET ADDRESS	2489 TALCO HILLS DR. #B		STREET ADDRESS	1803 Salmon Dr	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee Fl. 32303	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WITTENBERG, OWEN		NAME		
STREET ADDRESS	1208 MIDDEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] MGMR — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 5/1/2006 Daytime Phone #: (850) 251-2686