

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90027 004 \*\*\*\*50.00



**DOCUMENT # L05000074352**  
 1. Entity Name  
**MORALES BROTHERS PAINTING, LLC**

Principal Place of Business Mailing Address  
**3295 SEAVIEW DRIVE** **3295 SEAVIEW DRIVE**  
**SPRING HILL, FL 34606** **SPRING HILL, FL 34606**

2. Principal Place of Business 3. Mailing Address  
**1737 Kenneth. PL.** **1737 Kenneth. PL.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Clearwater FL.** **Clearwater FL.**  
 Zip Country Zip Country  
**33755 Pinellas** **33755 Pinellas**

04192006 Chg-LLC CR2E083 (11/05)  
 4. FEI Number **20-3217243** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PEREZ, JUAN**  
**3295 SEAVIEW DRIVE**  
**SPRING HILL, FL 34606**  
**1737 Kenneth. PL.**  
**Clearwater FL.**  
**SIP 33755**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, JUAN 3295 SEAVIEW DRIVE SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Juan Perez 1737 Kenneth. PL. Clearwater FL. 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> 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:** **4-23-06** (727) 235 8329  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #