



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2006 90023 027 ****50.00

DOCUMENT # L05000075529						
1. Entity Name WAYLAN BATTLES PAINTING LLC						
Principal Place of Business 8550 A SE 147TH PLACE SUMMERFIELD, FL 34491			Mailing Address 8550 A SE 147TH PLACE SUMMERFIELD, FL 34491			
2. Principal Place of Business 12303 SE 89th Terr		3. Mailing Address 12303 SE 89th Terr				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172006 Chg-LLC CR2E083 (11/05)		
City & State Belleview FL		City & State Belleview FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable		
Zip 34420	Country marion	Zip 34420	Country marion	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BATTLES, WAYLAN 8550 A SE 147TH PLACE SUMMERFIELD, FL 34491				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12303 SE 89th Terr. City <u>Belleview</u> FL Zip Code <u>34420</u>		
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 _____						
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 MGR NAME BATTLES, WAYLAN STREET ADDRESS 8550 A SE 147TH PLACE CITY-ST-ZIP SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete			TITLE MGR NAME Battles, Waylan STREET ADDRESS 12303 SE 89th Terrace CITY-ST-ZIP Belleview FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME BATTLES, CHRISTIE STREET ADDRESS 8550 A SE 147TH PLACE CITY-ST-ZIP SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete			TITLE MGRM NAME Battles, Christie STREET ADDRESS 12303 SE 89th Terrace CITY-ST-ZIP Belleview FL 34420	<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	
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: <u>Christie Battles</u>				(352) 4211100 615 1427		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		