

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90298 047 ****50.00

DOCUMENT # L05000085071

1. Entity Name

DONNIE EILAND PAINTING, LLC



Principal Place of Business

Mailing Address

16031 TULIP TREE DR.
 SPRINGHILL FL 34610
 US

16031 TULIP TREE DR.
 SPRINGHILL FL 34610
 US



2. Principal Place of Business

2007 Bowman Rd

Suite, Apt. #, etc.

3. Mailing Address

2007 Bowman Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Springhill, FL

Zip
 34610

Country
 U.S.A.

City & State

Springhill, FL

Zip
 34610

Country
 U.S.A.

4. FEI Number

203409748

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EILAND, DON
 16031 TULIP TREE DR.
 SPRINGHILL, FL FL 34610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2007 Bowman Rd.

City
 Springhill

FL

Zip Code
 34610

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

Donnie Eiland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-15-06

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
 NAME EILAND, DONNIE G JR.
 STREET ADDRESS 16031 TULIP TREE DR.
 CITY-ST-ZIP SPRINGHILL FL 34610

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR Change Addition
 NAME Don Eiland
 STREET ADDRESS 2007 Bowman Rd.
 CITY-ST-ZIP Springhill, FL 34610

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Donnie Eiland

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

6-15-06

Date

352-797-5294

Daytime Phone #