

**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

City & State

Springhill, FL

4. FEI Number

203409748

Applied For

Not Applicable

Zip

34610

Country

U.S.A.

Zip

34610

Country

U.S.A.

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

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

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

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	EILAND, DONNIE G JR.	
STREET ADDRESS	16031 TULIP TREE DR.	
CITY-ST-ZIP	SPRINGHILL FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Eiland	
STREET ADDRESS	2007 Bowman Rd.	
CITY-ST-ZIP	Springhill, FL 34610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #