

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095505

FILED
Jul 27, 2007
Secretary of State

Entity Name: MICHAEL GEISLER PAINT AND WALLPAPER, L.L.C.

Current Principal Place of Business:

2315 WOOD BEND CIRCLE
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

2315 WOODBEND CIRCLE
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

2315 WOOD BEND CIRCLE
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

2315 WOODBEND CIRCLE
NEW PORT RICHEY, FL 34655 US

FEI Number: 20-3545904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GEISLER, MICHAEL
2315 WOOD BEND CIRCLE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

GEISLER, MICHAEL
2315 WOODBEND CIRCLE
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE:

07/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEISLER, MICHAEL
Address: 2315 WOOD BEND CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEISLER, MICHAEL
Address: 2315 WOODBEND CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL J. GEISLER

MGRM

07/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date