



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 030 ****50.00

DOCUMENT # L05000102038					
1. Entity Name KEY WEST PAINTING LLC					
Principal Place of Business 1518 LAIRD STREET KEY WEST, FL 33040 US			Mailing Address 1518 LAIRD STREET KEY WEST, FL 33040 US		
2. Principal Place of Business 1713 ROSE STREET Suite, Apt. #, etc.		3. Mailing Address 1713 ROSE STREET Suite, Apt. #, etc.			
City & State KEY WEST, FL		City & State KEY WEST, FL		4. FEI Number 30-0339816	
Zip 33040		Country MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRIZARRY, EDDIE 1518 LAIRD STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name: Eddie IRIZARRY Street Address (P.O. Box Number is Not Acceptable): 1713 ROSE STREET City: KEY WEST FL Zip Code: 33040		
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: <u>Eddie Irizarry</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>8/15/06</u>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Eddie IRIZARRY 1713 ROSE STREET KEY WEST FL 33040	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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>Eddie Irizarry</u>			Date: <u>8-15-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					