***2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # L05000103233 03-15-2006 90022 050 ****55.00 1. Entity Name WOLF PAINTING LLC Principal Place of Business Mailing Address 10201 WEST BEAVER ST 10201 WEST BEAVER ST LOT 230 JACKSONVILLE FL 32220 US LOT 230 JACKSONVILLE FL 32220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 557 City & State City & State Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLF, JOSEPH 10201 WEST BEAVER ST Street Address (P.O. Box Number is Not Acceptable) **LOT 230** JACKSONVILLE FL 32220 City Zip Code FL 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. (NOTE Registered Agent signature required when reinstating) 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 TITLE Change ■ Addition MGR □ Defete NAME WOLF, JOSEPH NAME STREET ADDRESS STREET ADDRESS 10201 WEST BEAVER ST LOT 230 CITY-ST-ZIP JACKSONVILLE FL 32220 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ANAGING MEMBER, MANAGER, OR AUTHORIZED REP

Myrch 6, 2006 904-693-4354
PRESENTATIVE Date Date Description

FILED