

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104357

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: PIXELS N PAINT LLC

**Current Principal Place of Business:**

P.O. BOX 2818  
BONITA SPRINGS, FL 34133 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2818  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

FEI Number: 16-1740417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDE, JUSTIN  
4949 TAMIAMI TRAIL NORTH  
STE. 102  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRIEDE, JUSTIN  
Address: 8454 MALLARDS WAY  
City-St-Zip: NAPLES, FL 34114

Title: MGRM ( ) Delete  
Name: GUTIERREZ, RICK  
Address: 4949 TAMIAMI TRAIL NORTH, STE. 102  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN FRIEDE

MGRM

01/05/2006

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