


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

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-11-2006 90018 002 ****50.00

DOCUMENT # L05000108122 1. Entity Name CHRIS HOOVER PAINTING LLC					
Principal Place of Business 100 8TH AVE #4 SHALIMAR FL 32579		Mailing Address 100 8TH AVE #4 SHALIMAR FL 32579			
2. Principal Place of Business 100 8th Ave Suite, Apt. #, etc. 4		3. Mailing Address 100 8th Ave Suite, Apt. #, etc. 4			
City & State Shalimar, FL Zip 32579		City & State Shalimar, FL Zip 32579		4. FEI Number 20-3746059	
Country OKLAHOMA		Country OKLAHOMA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOOVER, CHRISTOPHER W 100 8TH AVE #4 SHALIMAR FL 32579	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOVER, CHRISTOPHER W 100 8TH AVE #4 SHALIMAR FL 32579 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOVER, WILLIAM J 100 8TH AVE #4 SHALIMAR FL 32579 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: <u>Chris Hoover</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4-30-06</u> <small>Date Daytime Phone #</small>		

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1st MOORE CR2E083 (10/05)