


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90024 026 ****50.00

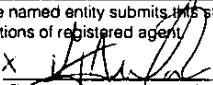
DOCUMENT # L05000110589		
1. Entity Name VALVEN PAINT LLC		

Principal Place of Business 3241 NATURE CIRCLE 306 SARASOTA, FL 34235	Mailing Address 3241 NATURE CIRCLE 306 SARASOTA, FL 34235
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2. Principal Place of Business 3215 79th AVE E. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 52405 Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota, FL
Zip 34243	Country Sarasota
Zip 34232	Country Sarasota

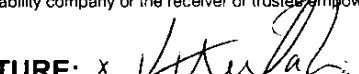
6. Name and Address of Current Registered Agent AULAR, VICTOR J 3241 NATURE CIRCLE 306 SARASOTA, FL 34235		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity 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 x 	DATE x 04/28/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AULAR, VICTOR J 3241 NATURE CIRCLE APT 306 SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3215 79th AVE E SARASOTA, FL 34243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 609, Florida Statutes.

SIGNATURE: x  VICTOR J AULAR
MANAGING MEMBER 04/28/06 (941) 366-5166