2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90296 018 ****55.00

DOCUMENT # L05000121155

1. Entity Name
CHUCK'S CUSTOM PAINTING, LLC

Principal Place of Business	Mailing Address
4084 RAINBOW CIRCLE LABELLE, FL 33935	4084 RAINBOW CIRCLE LABELLE, FL 33935

03012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4084 RainBow Cir.	4084 Rain Bow Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LaBelle, FL	City & State: LaBelle, FL
Zip: 33935 Country: Hendry	Zip: 33935 - Country: Hendry

4. FEI Number 595-22-4858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANES, CHARLES 4084 RAINBOW CIRCLE LABELLE, FL 33935	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 Charles D. Hanes 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) Date

Filing Fee is $50.00 Due by May 1, 2006		**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR HANES, CHARLES 4084 RAINBOW CIRCLE LABELLE, FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ 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: Charles D. Hanes 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #