


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L06000005405 1. Entity Name SUSAN F BURNS PAINTING, LLC	
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Principal Place of Business 713 LINTON AVENUE ORLANDO, FL 32809 US	Mailing Address 7603 CLUBHOUSE ESTATES DRIVE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0854587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STAUFERLAND, TAMMY L
7603 CLUBHOUSE ESTATES DRIVE
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 *Tammy Staufferland* DATE 4/3/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNS, SUSAN F 713 LINTON AVE. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAUFERLAND, KEITH L 7603 CLUBHOUSE ESTATES DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, NORMAN L 7603 CLUBHOUSE ESTATES DR. ORLANDO, FL 32819
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04/17/07-80049-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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 *[Signature]* DATE 4/3/07

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE