2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000011000

1. Entity Name

JERRY DAVIS PAINTING, LLC

Principal Place of Business	Mailing Address
5135 BOARDWALK PLACE MIDDLEBURG FL 33206-8	5135 BOARDWALK PLACE MIDDLEBURG FL 33206-8

1st MOORE   CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

5135 Boardwalk Pl.

Suite, Apt. #, etc.

3. Mailing Address

5135 Boardwalk, Pl.

Suite, Apt. #, etc.

City & State: Middleburg Fl.
Zip: 32068   Country: Clay

City & State: Middleburg, Fl.
Zip: 32068   Country: Clay

4. FEI Number

593834954

☐ 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
DAVIS, JERRY M 5135 BOARDWALK PLACE MIDDLEBURG FL 32068	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 _____

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS | **10.** ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DAVIS, JERRY M		NAME			
STREET ADDRESS	5135 BOARDWALK PLACE		STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP			

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DAVIS, MARK E		NAME			
STREET ADDRESS	4640 PETUNIA AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   4-26-07   904-336-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #