


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED
Apr 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000013375 1. Entity Name ROSS' PAINTERS LLC	
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Principal Place of Business 2100 S. CRYSTAL LAKE DRIVE ORLANDO FL 32806	Mailing Address 2100 S. CRYSTAL LAKE DRIVE ORLANDO FL 32806
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-0472125	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GASDICK, MICHAEL J ESQ. 390 NORTH ORANGE AVENUE, SUITE 260 ORLANDO FL 32801	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 _____ (NOTE: Registered Agent's signature is required when renouncing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAGSDALE, EUGENE R 2100 S. CRYSTAL LAKE DRIVE ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000892288 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/23/08-80060-003 138.75
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Eugene R Ragdale* - EUGENE - R - RAGSDALE -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE