2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000019930 1. Entity Name BRILLIANT COLORS PAINTING CONTRACTORS LLC			O7 APR 16 PH 4: 25		
Principal Place of Business 139 TOBACCO RD HAVANA, FL 32333	Mailing Address 139 TOBACCO RD HAVANA, FL 32333	BY	TALLAHA	ARY OF STATE SSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box # 139 To bacco RC	3. Mailing Address 139 Tobaco	co Rd			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01082007 Chg-LLC	CR2E083 (12/06)	
City & State HAVANA F Country	City & State	Country	4. FEI Number 41-2198032	Applied For Not Applicable	
Zip 32333 Country S.	72373	Country .	5. Certificate of Status Desire	Fee Required	
6. Name and Address of Current Registered Agent HANCOCK, TIMOTHY M 139 TOBACCO RD HAVANA, FL 32333		Name	7. Name and Address of New Registered Agent Name		
		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
77,117,112 32333		Cinc			
The above named entity submits this statement	for the purpose of changing its	City registered office or registr	ered 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					
Filing Fee is \$50.00 Due by May 1, 2007				lake check payable to rida Department of State	
9. MANAGING MEME	BERS/MANAGERS	10.	ADOITIO	NS/CHANGES Addition	
NAME HANCOCK, TIM STREET ADDRESS 139 TOBACCO RD CITY-ST-ZIP HAVANA, FL 32333		NAME STREET ADDRESS CITY-ST-ZIP		_ Ontarigo Accombin_	
TITLE MGRM NAME HEAPS, RONALD W STREET ADDRESS 538 FAIRBANKS FERRY RD CITY-ST-ZIP TALLAHASSEE, FL 32312	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600097 04/19/07010	□ Change □ Addition 2574146 33022 **50.00	
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: SIGNATURE AND TYPED OR PRINTED NAME	Muku J LO. OF SIGNING MANAGING MEMBER, MAN	AASI/L AAGER, OR AUTHORIZED REPRES	SENTATIVE Date	107850-210-350 Dayline Phone #	