

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000048397

**FILED**  
**Mar 14, 2008**  
**Secretary of State**

**Entity Name:** PROJECT PAINTING & GENERAL MAINTENANCE LLC

**Current Principal Place of Business:**

8 N COLUMBUS ST  
BEVERLY HILLS, FL 34465

**New Principal Place of Business:**

4800 N KENILWORTH TERR  
HERNANDO, FL 34442

**Current Mailing Address:**

8 N COLUMBUS ST  
BEVERLY HILLS, FL 34465

**New Mailing Address:**

PO BOX 641472  
BEVERLY HILLS, FL 34464

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, NICHOLAS J JR  
8 N COLUMBUS ST  
BEVERLY HILLS, FL 34465 US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 US

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.

SIGNATURE: SHANNON DUNN FOR ALL FLORIDA FIRM INC

03/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: BURNS, NICHOLAS J OWNER  
Address: 8 N. COLUMBUS ST  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: BURNS, NICHOLAS J  
Address: PO BOX 641472  
City-St-Zip: BEVERLY HILLS, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANNON DUNN FOR NICHOLAS J BURNS JR

RA

03/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date