


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90054 046 ***138.75

DOCUMENT # L06000055935

1. Entity Name
BARBARA S. CROSBY PAINTING, LLC



Principal Place of Business
34205 BALLPARK RD.
CALLAHAN, FL 32011 US

Mailing Address
PO BOX 984
CALLAHAN, FL 32011 US

2. Principal Place of Business - No P.O. Box #
36365 Dyal Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



07022008 Chg-LLC CR2E083 (12/06)

City & State
Callahan, FL

City & State

Zip
32011

Country
US

4. FEI Number
11-3782274

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CROSBY, BARBARA S
34205 BALLPARK RD.
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
36365 Dyal Rd.
 City **Callahan, FL** Zip Code **32011**

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s607.193(2)(b), F.S., he filed liability report to receive the price.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSBY, BARBARA S		NAME CROSBY, BARBARA S	
STREET ADDRESS 34205 BALLPARK RD.		STREET ADDRESS 36365 Dyal Rd.	
CITY-ST-ZIP CALLAHAN, FL 32011		CITY-ST-ZIP Callahan, FL 32011	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Barbara S. Crosby* Date: **7/7/08** Daytime Phone #: **(904) 219-1404**