2007 LIMITED LIABILITY COMPANY

Jan 17, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L06000070856 01-17-2007 90011 049 ****55.00 JAKE'S PAINTING, LLC Principal Place of Business Mailing Address 996 13TH STREET NORTH 996 13TH STREET NORTH NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 996 13+h SF /YO Suite, Apt. #, étc. Suite, Apt. #, etc. 01062007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Collien 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONLEY, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 996 13TH STREET NORTH NAPLES, FL 34102 City Zip Code FI 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE **MGRM** TITLE ☐ Delete ☐ Chance Addition CONLEY, GEORGE J NAME NAME 996 13TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CiTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #