
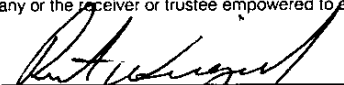


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90134 033 ****55.00

DOCUMENT # L06000074457 1. Entity Name ROBERT WIECZOREK PAINTING, LLC					
Principal Place of Business 4024 SAMANTHA COURT TALLAHASSEE, FL 32305			Mailing Address 4024 SAMANTHA COURT TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 77-0664019	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECZOREK, ROBERT R 4024 SAMANTHA COURT TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECZOREK, ROBERT			NAME	
STREET ADDRESS	4024 SAMANTHA COURT			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADUE, JESSIE P			NAME	
STREET ADDRESS	4024 SAMANTHA COURT			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECZOREK, JOSEPH M			NAME	
STREET ADDRESS	4024 SAMANTHA COURT			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305			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:  3/1/07 (850) 933-0346 (cell)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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