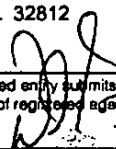
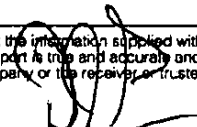


FILED
Apr 11, 2007 8:00 am
Secretary of State

03-29-2007 90179 042 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000113054					
1. Entity Name PITTMANS PAINTING & SERVICES LLC					
Principal Place of Business 3437 BOCAGE DRIVE SUITE 520 ORLANDO, FL 32812			Mailing Address 3437 BOCAGE DRIVE SUITE 520 ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
-Zip		Country	Zip		Country
			02092007 Chg-LLC CR2E083 (12/08)		
			4. FEI Number 20-5926461		Applied For Not Applicable
			5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PITTMAN, DAVID A 3437 BOCAGE DRIVE SUITE 520 ORLANDO, FL 32812				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 				DATE 02/21/2007	
Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)				DATE	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	P	☐ Delete			
NAME	PITTMAN, DAVID A				
STREET ADDRESS	3437 BOCAGE DRIVE SUITE 520				
CITY- ST- ZIP	ORLANDO, FL 32812				
TITLE	VP	☒ Delete			
NAME	PITTMAN, DAVID				
STREET ADDRESS	7100 NARCOOSSEE ROAD				
CITY- ST- ZIP	ORLANDO, FL 32822				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
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:  02/21/2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					