FILED Jun 29, 2007 8:00 am Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # LOGO00118191 JAU PAINTING & ASSOCIATES LLC Supply	AIIIVA	L REPORTS		5-02-2007 90356 002 ****50.00
2. PRICION Flore of Businesse. No P.D. Box # 3. Noting Address # 100	1. Entity Name			<u> </u>
Suite, Apt. 8, etc. Oscillation Congress Country Country Country S. Certificate of Status Desired \$5.00 Accidance Fee Registered Agent Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Address Name Address of New Registered Agent Name Address Na	Principal Place of Business 8028 SHAW ORBIT TAMPA PS 33615 US	8028 SHAW DRIVE	us	Tampa Tha. 33635 30011340
City & State Country City & State City &	2. Principal Place of Business - No P.O. Box #	3. Mailing Address	-	-
Second S	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>.</u>	04252007 Chg-LLC CR2E083 (12/06)
2.0 Country	City & State	City & State		4. FEI Number Applied For Appl
S. Name and Address of Current Registered Agent JONES, JOHN M. Size JOHN M. Size Address (P.O. Big. Number is Not Acceptable) Size Address (P.O. Big. Numbe	Zip Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional
Sice (Address (P.O. Big. Number is Not Accoptable) Sice (Address (P.O	6. Name and Address of Curren	t Registered Agent		L
SIGNATURE: Step Addisses (P.O. Bign, Number is Not Acceptable) Signer Addisses (P.O. Bign, Number is Not Acceptable) Signer Addisses (P.O. Bign, Number is Not Acceptable) Signer Addisses (P.O. Bign, Number is Not Acceptable) City Oldsmark FL Zig Code FL Zig	JONES, JOHN M			
E. The above named ents/ subgists this statement for the purpose of changing its registered office or registered agent, or born, in the State of Ronda. I am familiar with, and accept the orbitogations of registered Agent agents or born, in the State of Ronda. I am familiar with, and accept the orbitogations of registered Agent agents or regist	8028 SHAW DRIVE		Street Address	(P.O. Box Number is Not Acceptable) Sol Ano BAY LOSE # 1334
### Details De	IMPA, FE 33013			
B. The above named entity authorist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Revide. I am familiar with, and accept the obligations of registering part of the state of Revide. I am familiar with, and accept the obligations of registering part of the state of Revide. I am familiar with, and accept the obligations of registering part of the state of Revide Agent towns required on the state of Revide. I am familiar with, and accept the obligation of Revisions of Revide Agent towns required agent, or both, in the State of Revide. I am familiar with, and accept the obligation of Revisions of Revi		۸	CityOlds	FL Zip Code
Make check payable to Florida Department of Stata 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 11. ADDITIONS / CHANGES 12. ADDITIONS / CHANGES 13. ADDITIONS / CHANGES 14. ADDITIONS / CHANGES 15. ADDITIONS / CHANGES 16. ADDITIONS / CHANGES 17. ADDITIONS / CHANGES 18. ADDITIONS	the obligations of registered agent.	lones)	registered office or registe	ared agent, or both, in the State of Rorida. I am familiar with, and accept
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Iffile NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 docurate and that my signature still 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:	STREET ADURESS	☐ Celete	NAME Street address	Change Addition
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	SIGNATURE: SIGNATURE AND TYPETOR PRINTED HAME	OF BISHING MARAGING MEMBER, MAN	KAL J IAGER, OR AUTHORIZED REPRESI	ENTATIVE Cale Dayirre Phone 6