

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90049 016 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                         |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000121840</b><br>1. Entity Name<br><b>EIGENBAUER PAINTING LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                                                         |                                                                              |
| Principal Place of Business<br><b>500 WHARF SIDE WAY<br/>         JACKSONVILLE, FL 32207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  | Mailing Address<br><b>500 WHARF SIDE WAY<br/>         JACKSONVILLE, FL 32207</b>                                                        |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>674 Wellhouse Dr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | 3. Mailing Address<br><b>674 Wellhouse Dr.</b>                                                                                          |                                                                              |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | Suite, Apt. #, etc.<br>                                                                                                                 |                                                                              |
| City & State<br><b>Jacksonville, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | City & State<br><b>Jax, FL</b>                                                                                                          |                                                                              |
| Zip<br><b>32220</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | Zip<br><b>32220</b>                                                                                                                     |                                                                              |
| Country<br><b>United States</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | Country<br><b>United States</b>                                                                                                         |                                                                              |
| 4. FEI Number<br><b>589-20-62221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                       |                                                                              |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | 04252007 Chg-LLC CR2E083 (12/06)                                                                                                        |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>EIGENBAUER, WILLIAM A II<br/>         5319 SUNDERLAND RD.<br/>         JACKSONVILLE, FL 32210</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u>William A Eigenbauer II</u> DATE <u>4-25-07</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                  |                                                                                  |                                                                                                                                         |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | Make check payable to<br>Florida Department of State                                                                                    |                                                                              |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <b>10. ADDITIONS/CHANGES</b>                                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>EIGENBAUER, WILLIAM A II<br>5319 SUNDERLAND RD.<br>JACKSONVILLE, FL 32210 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | MGR / OWNER<br>William A Eigenbauer II<br>674 Wellhouse Dr<br>Jax, FL 32220  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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.<br>SIGNATURE: <u>William A Eigenbauer II</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |                                                                                  |                                                                                                                                         |                                                                              |