2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026226

Entity Name: COAST TO COAST PAINTING OF NAPLES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5534 YAHL STREET, SUITE B NAPLES, FL 34109	

Current Mailing Address:	**New Mailing Address:**
5534 YAHL STREET, SUITE B NAPLES, FL 34109	

FEI Number: 42-1764240   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
APKING, CHERYLYN 5534 YAHL STREET, SUITE B NAPLES, FL 34109 US	LAM, LINH 5534 YAHL STREET, SUITE B NAPLES, FL 34109 US

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.

SIGNATURE: LINH LAM   05/19/2008
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	APKING, CHERYLYN	Name:	LAM, LINH
Address:	3580 1ST AVENUE SW	Address:	3580 1ST AVENUE SW
City-St-Zip:	NAPLES, FL	City-St-Zip:	NAPLES, FL
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	LAM, LIHN	Name:	APKING, CHERYLYN
Address:	3580 1ST AVENUE SW	Address:	3580 1ST AVENUE SW
City-St-Zip:	NAPLES, FL	City-St-Zip:	NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINH LAM   MGR   05/19/2008
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date