2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # L07000093390 04-30-2008 90032 008 ***138.75 BLUE DIAMOND PAINTING & ASSOCIATES LLC Principal Place of Business Mailing Address 3000 THORNHILL RD 3000 THORNHILL RD 60034458 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-0890501 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ** HOUCHIN, ERNEST L Street Address (P.O. Box Number is Not Acceptable) 3000 THORNHILL RD WINTER HAVEN, FL 33880 City Zip Code FL 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 Signature, typed or printed name of registered agent and tale if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10, MGR Addition TITLE ☐ Delete TITLE Change HOUCHIN, ERNEST L NAME NAME 3000 THORNHILL RD STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Addition TITL F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

RE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #