

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90124 039 \*\*\*138.75

**60021363**



02082008 Chg-LLC CR2E083 (12/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                     |                                                                                                                                                                             |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000118561</b><br>1. Entity Name<br><b>PONO PAINTING \ FAUX FACTORY, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                     |                                                                                                                                                                             |                                                                                                 |  |
| Principal Place of Business<br><b>4499 HOFFMAN AVE</b><br><b>SPRING HILL, FL 34606 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                     | Mailing Address<br><b>4499 HOFFMAN AVE</b><br><b>SPRING HILL, FL 34606 US</b>                                                                                               |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | 3. Mailing Address  |                                                                                                                                                                             |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Suite, Apt. #, etc. |                                                                                                                                                                             |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | City & State        |                                                                                                                                                                             | 4. FEL Number<br><b>363707257</b>                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Country             |                                                                                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                        |                                                                       |                     |                                                                                                                                                                             |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                          |                                                                                                 |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                     | 10. ADDITIONS/CHANGES                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>KOPICZKO, PHILIP<br>4499 HOFFMAN AVE<br>SPRING HILL, FL 34606 |                     | <input type="checkbox"/> Delete                                                                                                                                             |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                       |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                       |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                       |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                       |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                       |                     | <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. |                                                                       |                     |                                                                                                                                                                             |                                                                                                 |  |
| <b>SIGNATURE:</b> <b>PHILIP E KOPICZKO 04-07-08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                         |                                                                       |                     |                                                                                                                                                                             |                                                                                                 |  |

**352-238-3613**