

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90011 035 ****50.00

DOCUMENT # L05000025801

1. Entity Name
 INTERIORS BY DEZIGN, LLC



Principal Place of Business Mailing Address
 14261 S. TAMIAMI TRAIL STUDIO 15 14261 S. TAMIAMI TRAIL STUDIO 15
 FORT MYERS FL 33912 FORT MYERS FL 33912



1st MOORE CR2E083 (10/05)

2. Principal Place of Business 3. Mailing Address
 6214 Presidential Ct. 6214 Presidential Ct.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
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City & State City & State
 Ft. Myers, FL Ft. Myers, FL
 Zip Country Zip Country
 33919 USA 33919 USA

4. FEI Number Applied For
 20-2596086 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 EBERSBERGER, LINDA
 14261 S. TAMIAMI TRAIL STUDIO 15
 FORT MYERS FL 33912

7. Name and Address of New Registered Agent
 Name Linda Ebersberger
 Street Address (P.O. Box Number is Not Acceptable) 6214 Presidential Ct.
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 City Ft. Myers FL Zip Code 33919

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 *Linda Ebersberger* DATE 4-7-06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBERSBERGER, LINDA 14261 S. TAMIAMI TRAIL STUDIO 15 FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 Section 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.

SIGNATURE: *Linda M Ebersberger* DATE: 4-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Daytime Phone #