


ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L05000025801

1. Entity Name
 INTERIORS BY DEZIGN, LLC



Principal Place of Business
 6214 PRESIDENTIAL CT
 # A
 FORT MYERS, FL 33919

Mailing Address
 6214 PRESIDENTIAL CT
 # A
 FORT MYERS, FL 33919



04062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 20-2596086 | Applied Fc Not Applic |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

EBERSBERGER, LINDA
 6214 PRESIDENTIAL CT
 # A
 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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* (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EBERSBERGER, LINDA 14261 S. TAMiami TRAIL STUDIO 15 FORT MYERS, FL 33912 |
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 04/29/07-80002-013 50.00

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Linda Ebersberger* Linda Ebersberger, Manager

4-13-07 (239) 267-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INDIVIDUAL MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #