


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90268 009 ***138.75

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

2. Principal Place of Business - No P.O. Box #
Interiors by Dezign LLC
12995 S Cleveland Ave
Suite 153
Fort Myers FL 33907

3. Mailing Address
Name
 Suite, Apt. #, etc.
 City & State
 Zip Country



02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2596086 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
EBERSBERGER, LINDA
6214 PRESIDENTIAL CT
A
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name
 Street Ad **Ebersberger, Linda**
12995 S Cleveland Ave Ste 153
Ft. Myers FL 33907
 City 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 _____ (NOTE: Registered Agent signature required when reinstating) ** DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<i>MGR</i> Ebersberger, Linda 12995 S Cleveland Ave Ste 153 Ft. Myers FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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.

SIGNATURE: *Linda Ebersberger* **Linda Ebersberger, MGR** **(239) 432-0058**

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