

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000105522

1. Entity Name
ANNE BLAIR HOME STAGING, LLC



Principal Place of Business
27 SOUTHWIND COURT
NICEVILLE, FL 32578-4807

Mailing Address
27 SOUTHWIND COURT
NICEVILLE, FL 32578-4807



01152007No Chg-LLC CR2E083 (11/05)

4. FEI Number **56-2539701** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLAIR, ANNE
27 SOUTHWIND COURT
NICEVILLE, FL 32578-4807

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLAIR, ANNE 27 SOUTHWIND COURT NICEVILLE, FL 325784807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIR, ROBERT 27 SOUTHWIND COURT NICEVILLE, FL 325784807
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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.

SIGNATURE: *Anne Blair* **ANNE BLAIR** 1/15/07 850 897-4084
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #