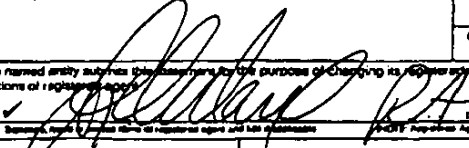
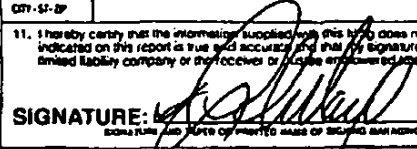


FILED
Jul 02, 2007 8:00 am
Secretary of State

04-19-2007 90155 001 *****5.00

04-19-2007 90155 002 *****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000050672			
1. Entity Name HOME DECOR BY FRANK WARE LLC			
Principal Place of Business 4005 62ND AVE VERO BEACH, FL 32966		Mailing Address 4005 62ND AVE VERO BEACH, FL 32966	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03292007 Chg-LLC CP2E083 (12/08)		4. FEI Number 204899306	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WARE, FRANK L 4005 62ND AVE VERO BEACH, FL 32966		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 a registered agent.			
SIGNATURE  RA		DATE 6-10-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PRES / V. PRES / SECY / TREAS WARE, FRANK L. 4005 62ND AVE VERO BEACH, FL 32966		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied on this form 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:  FRANK L WARE RA 6-13-07 - 772-321 2483			