2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90364 050 ****55.00

DOCUMENT # L06000116296

1. Entity Name

ANTIQUE-HEAVEN DECOR & BEYOND LLC

Principal Place of Business	Mailing Address
560 SW HALDEN AVE PORT SAINT LUCIE FL 34953 US	560 SW HALDEN AVE PORT SAINT LUCIE FL 34953 US

30007837

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Antique-Heaven Decor & Beyond	711 & 713 N HWY # 1
Suite, Apt. #, etc. 711 & 713 N. HWY # 1	Suite, Apt. #, etc.
City & State Fort Pierce FL	City & State Fort Pierce FL
Zip 34950 Country USA	Zip 34950 Country USA

4. FEI Number 20-5990393 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUIS, ELIZABETH G
560 SW HALDEN AVE
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name ELIZABETH G. LOUIS

Street Address (P.O. Box Number is Not Acceptable)

560 SW Halden Ave Po

City Port St. Lucie FL Zip Code 34953

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 Elizabeth G Louis 04-10-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUIS, ELIZABETH G 560 SW HALDEN AVE PORT SAINT LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUIS, EMILIEN 560 SW HALDEN AVE PORT SAINT LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Elizabeth G Louis ELIZABETH G LOUIS 04-10-07 772-621-0763

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