

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002171

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: DECOR & SPACE CONCEPT, L.L.C.

**Current Principal Place of Business:**

112 PARK AVENUE NORTH  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

112 PARK AVENUE NORTH  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3569807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: EXCHANGE COMERCIO IM, PORTACAO & EXP O RT.,LTA  
Address: 112 PARK AVENUE NORTH  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete  
Name: MIZRAHI, BERNARD S  
Address: 112 PARK AVENUE N.  
City-St-Zip: WINTER PARK, FL 32789 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EXCHANGE COMERCIO IM, PORTACAO & EXP O RT.,LTA  
Address: 112 PARK AVENUE NORTH  
City-St-Zip: WINTER PARK, FL 32789 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BERNARD MIZRAHI

MGR

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date