

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000031765</b> 1. Entity Name <b>ADELE HUNGERFORD INTERIOR DESIGN, LLC</b>	
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Principal Place of Business <b>345 E BAY DR EASTPOINT, FL 32328 US</b>	Mailing Address <b>345 E BAY DR EASTPOINT, FL 32328 US</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>13-4226797</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

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

U00000638005  
02/27/07-80013-012 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNGERFORD, ADELE MEMBER 345 E BAY DR EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNGERFORD, DONALD MEMBER 345 E BAY DR EASTPOINT, FL 32328
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IN THIS SPACE**

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:** Adele Hungerford 2-14-07 850-670-4955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #