
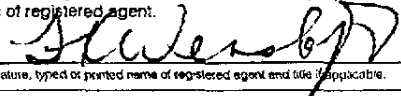
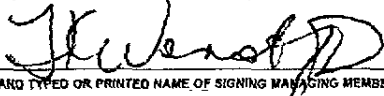


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009512 1. Entity Name FINE DESIGNS, LLC			
Principal Place of Business 3437 LITHIA PINECREST RD VALRICO, FL 33594		Mailing Address 3437 LITHIA PINECREST RD VALRICO, FL 33594	
DO NOT WRITE IN THIS SPACE		04032006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 59-3667115 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WENSLOFF, FRANCES K 5203 MERION RD VALRICO, FL 33594		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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE U000000493098 04/19/06 80091-009 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENSLOFF, FRANCES K 3203 MERION RD. VALRICO, FL 33594		
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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:  DATE: _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			