## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000005366

1. Entity Name

RICK HARPER WALLCOVERING, LLC



Principal Place of Business Mailing A

910 OLD MILL RUN ORMOND BEACH, FL 32174 Mailing Address 910 OLD MILL RUN ORMOND BEACH, FL 32174 FILED
Apr 13, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	• • • • • • • • • • • • • • • • • • • •		Applied For
59-3714572			Not Applicable
5. Certificate of Status Desired		\$5.00 Fee Red	Additional

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE, FL 32127

## DO NOT WRITE IN THIS SPACE

		IN I	IN THIS SPACE				
3. 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				
). Fi D	iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBERS/MANAGERS						
TITLE	MGRM	William Control of the Control of th					
NAME	HARPER, RICK T MGRM						
STREET ADDRESS	910 OLD MILL RUN		U00000704821				
CITY-ST-ZIP	ORMOND BEACH, FL 32174		04/23/07-80026-014 50.00				
TITLE							
NAME	1						
CTDEET ADDRESS							

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STREET ADDRESS
CITY-ST-ZIP
TIFLE

11	I bereby cortify that the information symptical with this filled does not exalt, for the examplians posterior of the Charles 440. Charl
	I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information
	indicated as this course in the course of th
	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
	" " " " " " " " " " " " " " " " " " "
	IIDITAD IIADING COMPANY Of the receiver of trustee amnovered to execute this coport as convived by Chapter 509, Elected Statutes
	limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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URE: Kuch Harper Rick Harper 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

386-673-8813

Daytime Pho