

### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027055</b> 1. Entry Name <b>TALLAHASSEE DECORATIVE FABRICS AND FURNISHING, LLC</b>	
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<b>Principal Place of Business</b> 2030 THOMASVILLE ROAD TALLAHASSEE, FL 32312	<b>Mailing Address</b> 2030 THOMASVILLE ROAD TALLAHASSEE, FL 32312
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03312005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0748049</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCOTT, PATSY**  
6301 MALLARD TRACE DR.  
TALLAHASSEE, FL 32312

**DO NOT WRITE IN THIS SPACE**

7. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KESSELL, DERRICK 6271 ST. AUGUSTINE RD JACKSONVILLE, FL 32217
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Patsy Scott 03/31/05 (850)386-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #