LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031746

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

COLOR MY WORLD INTERIOR DECORATING AND LC



FILED Feb 14, 2003 8:00 am Secretary of State

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2. Principal F		3. Mailing Address							
1147 MILLBROOK CIRCLE Suite, Apt. #, etc.			1147 MILLBROOK CIRCLE Suite ADI. # etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apr. #, etc.			Suite, Apr. #, etc.		DO NOT WAITE IN THIS SPACE				
BRADENTON, FLORIDA			City & State BRADENTON, FLORIDA		4. FEI Number		Applied For		
Zio			7,		02-0654702	-∕ \$ 5	Not Applicable O Additional		
34212	-	U.S.A.	Zip 34212		LS A	Fee Required			
					7. Name and Address of Current Registered Agent Name				
	П	O NOT W	DITE		MICHELL JOAN TAKEL				
DO NOT WRITE					-Street Address (F	P.O. Box Number is Not Acceptable) 7 MILLBROOK CIR	CLE		
	I	N THIS SP	ACE						
					City BRA	DENTON,	FL	Zip Code 34212	
8. The above named entity submits this statement for the pyrpose 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 Signature, typed or printed name of recipiered agent and title if applicable. SIGNATURE DATE 12 FEBRUARY 7003 DATE									
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9.	NA A N A	MANAGING MEMBER		TITLE	- T				
TITLE NAME	MANAGER & MANAGING MEMBER MICHELE JOAN TAKEI								
STREET ADDRESS					et address			1000	
CITY-ST-ZIP	BRADENTON, FL 34212				ST-ZIP				
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CITY-ST-ZIP		· ·		CITY	-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME