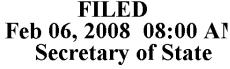
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 DOCUMENT # L03000001401 1. Entity Name



MURALS BY CONNIE, L.L.C.					Secretary of Stat			
Principal Pla	ce of Business	Mailing Address		The same of the sa				
14501-113 FT MYERS	AERIES WAY DR. FL 33912	14501-113 AERIES WAY DR. FT MYERS FL 33912						
2. Principa:	Place of Business - No P.O. Box #	3. Mailing Address		i imatimii oli onima fizil bolit al	LJJI MMILIO ABELI MMII	II III	ANKI (14 INDI	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE	CR2E08	3 (10/07)	
City & State		City & State			4. FEI Number NO-T APF	PLICABLE		pplied For ot Applicable
Zip	Country	Zip	Country	"	5. Certificate of Status Desired		\$5.00 Ad	dıtional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New	Registered		
	JOSEPH COLUMN		^	Name				
145	NCREDI, CONNIÉ 501-113 AERIES WAY DR. MYERS FL 33912		Street Address		P.O. Box Number is Not Acceptat	ol a)		
				Dity		Fl	Z-p Coo	fe
the obliga	e named entity submits this statement fortions of registered agent. Signature typed or praced name of registered agent.	1NO1 place to dept.	TE Registered Au OW!!! FEE	IS \$138.75 Will Be \$538	wice (engaing)	DATE		
9.	MANAGING MEMBI		10.	7 . 7 . 7 . 7 . 7 . 7	ere tale trade	S/CHANGE:	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR TANCREDI, CONNIE 14501-11 113 AERIES WAY DR FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET AL CITY-ST-		ADDITION	57 CHANGE	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET AL CITY-ST		U00000 02/14/08-		□ Change 024 138.	☐ Addition 75
TOTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ALL CITY-ST-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-1	ļ,			☐ Change	☐ Addition

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 pain; 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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

352-669