

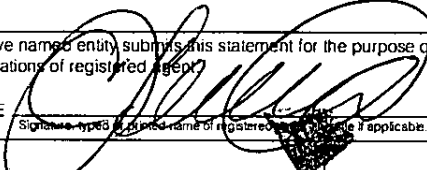
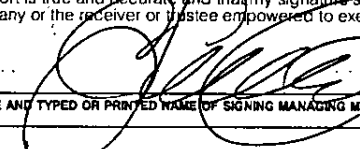


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90108 021 ****50.00

DOCUMENT # L03000011333 1. Entity Name CHERIE SUVACAROV INTERIORS, LLC					
Principal Place of Business 831 PARKSIDE POINTE BLVD. APOPKA, FL 32712			Mailing Address 831 PARKSIDE POINTE BLVD. APOPKA, FL 32712		
2. Principal Place of Business 732 Lakeworth Circle Suite, Apt. #, etc.		3. Mailing Address 732 Lakeworth Circle Suite, Apt. #, etc.			
City & State Lake Mary FL		City & State Lake Mary FL		4. FFI Number 31-1818402	
Zip 32746-5370		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUVACAROV, CHERIE 831 PARKSIDE POINTE BLVD. APOPKA, FL 32712				7. Name and Address of New Registered Agent Name <u>Cherie Suvacarov</u> Street Address (P.O. Box Number is Not Acceptable) 732 Lakeworth Circle City <u>Lake Mary</u> <u>FL</u> Zip Code <u>32746-5370</u>	
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  <u>Cherie Suvacarov</u> DATE <u>Aug 22, 06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUVACAROV, CHERIE L 420 SUMMIT RIDGE PLACE, SUITE 102 LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherie Suvacarov 732 Lakeworth Circle Lake Mary FL 32746-5370	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherie Suvacarov 732 Lakeworth Circle Lake Mary FL 32746-5370	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherie Suvacarov 732 Lakeworth Circle Lake Mary FL 32746-5370	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherie Suvacarov 732 Lakeworth Circle Lake Mary FL 32746-5370	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE:  <u>Cherie Suvacarov</u> 407-252-0710 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					