## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000018642

FILED Apr 28, 2006 Secretary of State

Entity Name: TRUEGGELMANN DESIGN & FURNISHINGS, LLC

Current Principal Place of Business:			New Principal Place of Business:	
7087 GRA SUITE 100	ND NATIONAI	_ DRIVE		
	D, FL 32819	US		
Current Mailing Address:			New Mailing Address:	
	ND NATIONA	_ DRIVE		
SUITE 100 ORLANDO	) D, FL 32819	US		
FEI Number	: 58-2672898	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
7087 GRA SUITE 100	UL CAMP AT ND NATIONAI ) D, FL 32819 L	_ DRIVE		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATU	RE:			
	Electron	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	BOEKER-PARI HEIDEGRUND	) Delete FITT, MARIETTA MGR NEG 104-108 ERMANY, NR 33689 GE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TRUEGGELMA HEIDEGRUND	) Delete NN, HORST MGR WEG 104-108 ERMANY, NR 33689 GE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: Citv-St-Zip:	TRUEGGELMA HEIDEBRUND\		Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIETTE BOEKER-PARFITT MGR 04/28/2006