


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90099 020 ****50.00

DOCUMENT # L03000029876 1. Entity Name THE CURTAIN EXCHANGE OF NAPLES LLC																																																			
Principal Place of Business 166 3RD STREET S. NAPLES FL 34102		Mailing Address 166 3RD STREET S. NAPLES FL 34102																																																	
2. Principal Place of Business 759 12th Ave S. Suite, Apt. #, etc.		3. Mailing Address 759 12th Ave S. Suite, Apt. #, etc.																																																	
City & State Naples, Florida Zip 34102 Country USA		City & State Naples, Florida Zip 34102 Country USA																																																	
4. FEI Number 20-0148527		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent CRAWFORD, ELIZABETH 166 3RD STREET S. NAPLES FL 34102		7. Name and Address of New Registered Agent Name: CRAWFORD, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 273 10th Ave S. City: Naples FL Zip Code 34102																																																	
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: <i>Elizabeth Crawford</i> (NOTE: Registered Agent signature required when reinstating) DATE:																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">MGRM CRAWFORD, ELIZABETH 166 3RD STREET S. NAPLES FL 34102</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, ELIZABETH 166 3RD STREET S. NAPLES FL 34102	Delete <input type="checkbox"/>																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">MGRM CRAWFORD, ELIZABETH 273 10th Ave S. Naples, FL 34102</td> <td style="width:30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, ELIZABETH 273 10th Ave S. Naples, FL 34102	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
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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. SIGNATURE: <i>Elizabeth Crawford</i> ELIZABETH S. CRAWFORD 7/15/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 239-793-7007																																																			