

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031822

FILED
Apr 20, 2005
Secretary of State

Entity Name: TIFFINEY'S INTERIORS, LLC

Current Principal Place of Business:

644 FLORIDA AVE, UNIT G
PANAMA CITY, FL 32401

New Principal Place of Business:

429 SOUTH TYNDALL PKWY. STE. H
PANAMA CITY, FL 32404

Current Mailing Address:

P.O. BOX 10010
CALLAWAY, FL 32404

New Mailing Address:

FEI Number: 02-0704095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHISON, PA
215 GRAND BLVD, STE 101
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RIGBY, TIFFINEY
Address: 644 FLORIDA AVE UNIT G
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: RIGBY, RICHARD
Address: 644 FLORIDA AVE UNIT G
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIGBY, TIFFINEY
Address: 429 SOUTH TYNDALL PKWY. STE H
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM (X) Change () Addition
Name: RIGBY, RICHARD
Address: 429 SOUTH TYNDALL PKWY. STE H
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD RIGBY

MGRM

04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date