

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000035945

1. Entity Name
IMAGINATIONS INTERIORS, LLC



FILED

04 SEP 30 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3001 N. DALE MABRY HIGHWAY
SUITE 101
TAMPA, FL 33614 US

Mailing Address
POST OFFICE BOX 272234
TAMPA, FL 33688 US

2. Principal Place of Business

3. Mailing Address

8003 N DALE Mabry Hwy
Suite 321

P.O. Box 272234

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Hillsborough

Zip

33688

Country

Hillsborough

6. Name and Address of Current Registered Agent

GORDON, SHELLY A
3401 CYPRESS HEAD COURT
TAMPA, FL 33618

4. FEI Number

02-0706406

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name DEON GORDON

Street Address (P.O. Box Number is Not Acceptable)

23619 ABERCORN LN.

City

Land O Lakes

FL

Zip Code
34639

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

D. Gordon (DEON GORDON) Shelly Gordon 9/4/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GORDON, DEON H
STREET ADDRESS 3401 CYPRESS HEAD COURT
CITY-ST-ZIP TAMPA, FL 33618

Delete

TITLE MGRM
NAME GORDON, SHELLY A
STREET ADDRESS 3401 CYPRESS HEAD COURT
CITY-ST-ZIP TAMPA, FL 33618

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME GORDON, Shelly A.
STREET ADDRESS 23619 ABERCORN LN.
CITY-ST-ZIP Land O Lakes FL 34639

Change Addition

TITLE MGRM
NAME GORDON, DEON H
STREET ADDRESS 23619 ABERCORN LN.
CITY-ST-ZIP Land O Lakes FL 34639

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10/04/04-01016-009 ***55.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

D. Gordon (DEON GORDON MGRM)

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813-928-4339