


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000043126 1. Entity Name C & E HOME PRESENTATION & REDESIGN, LLC	
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Principal Place of Business 831 LAKE EVALYN DRIVE CELEBRATION, FL 34747	Mailing Address 831 LAKE EVALYN DRIVE CELEBRATION, FL 34747
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01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0357851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DANIEL MEDINA, P.A. 464 WEST PIPKIN ROAD, SUITE 1 LAKELAND, FL 33813

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

000000438609
03/01/06-80012-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, ELIZABETH G 831 LAKE EVALYN DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYRAS, CYNTHIA M 12712 GREEN ASHE DRIVE HUNTERVILLE, NC 28078
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Elizabeth Morris Elizabeth Morris 02/15/06 (863)646-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #