


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90219 007 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L03000050370 1. Entity Name ERTEL WALCOVERINGS LLC | | | |  | |
| Principal Place of Business 2024 MAJESTIC WOODS BLVD. APOPKA, FL 32712 | | | Mailing Address 2024 MAJESTIC WOODS BLVD. APOPKA, FL 32712 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-0493146 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ERTEL, DAVID 2024 MAJESTIC WOODS BLVD. APOPKA, FL 32712 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ERTEL, DAVID 2024 MAJESTIC WOODS BLVD. APOPKA, FL 32712 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: DAVID A. ERTEL <i>[Signature]</i> 4/11/05 407 252-6033 | | |

ATTACHMENT

Ertel Wallcoverings LLC
2024 Majestic Woods Blvd.
Apopka, Florida, 32712

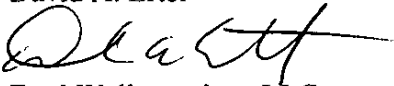
20031994
LO 300005037 0

April 1, 2005

To Whom It May Concern:

The Entity name in box one has an incorrect spelling. It reads Ertel Walcoverings (One L), and should be Ertel Wallcoverings. Ertel Wallcoverings is the spelling that was submitted to the Department of Corporations by my legal counsel. Please correct this on future correspondence. Thank you.

David A. Ertel


Ertel Wallcoverings LLC