


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90029 002 \*\*\*\*50.00

<b>DOCUMENT # L03000050439</b>	
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1. Entity Name  
RUG GALLERY, LLC

Principal Place of Business 30798 US 19 NORTH SUITE B PALM HARBOR, FL 34684 US	Mailing Address 30798 US 19 NORTH SUITE B PALM HARBOR, FL 34684 US
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2. Principal Place of Business - No P.O. Box # 2560 McMullen Booth Suite, Apt. #, etc. B	3. Mailing Address 2560 McMullen Booth Suite, Apt. #, etc. Suite B
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02012007 Chg-LLC CR2E083 (12/06)

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33761	Zip 33761
Country USA	Country USA

4. FEI Number 59-3697011	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ALI EFE, INC.  
30798 US 19 NORTH  
SUITE B  
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent  
Name  
Isin Davis  
Street Address (P.O. Box Number is Not Acceptable)  
2560 McMullen Booth  
Suite B  
City  
Clearwater 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  DATE 02/01/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALI EFE, INC 3407 HILLMOOR DR PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Isin Davis 2560 McMullen Booth #B Clearwater, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Aslan Riza 2560 McMullen Booth #B Clearwater, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. (203) 918 4057

**SIGNATURE:**

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

Date

Daytime Phone #

02/01/2007