2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050743

1. Entity Name

LOGUES WALLCOVERING'S LLC



FILED Jan 12, 2007 08:00 AN Secretary of State

Principal Place of Business 3320 MICANOPY TRAIL TALLAHASSEE, FL 32312 Mailing Address

3320 MICANOPY TRAIL TALLAHASSEE, FL 32312



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 58-9262397

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED HAM

LOGUE, TOMMY B 3320 MICANOPY TRAIL TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

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 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 May 1, 2007			. 000000585449 01/16/07-80013-007 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGUE, TOMMY 3320 MICANOPY TRAIL TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 employered to execute this report as required by Chapter 608. Florida Statutes			