


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L03000051931 1. Entity Name DARYL ROBINSON WALLCOVERING, LLC	
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Principal Place of Business 5545 S.E. 14TH AVENUE OCALA, FL 34480	Mailing Address 5545 S.E. 14TH AVENUE OCALA, FL 34480
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DO NOT WRITE IN THIS SPACE



04252007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0090857	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 ROBINSON, DARYL 5545 S.E. 14TH AVENUE OCALA, FL 34480
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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 _____
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**

U000000751971
05/18/07-80122-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, DARYL C 5545 S.E. 14TH AVENUE OCALA, FL 34480
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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:

Daryl C Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-26-07

Date

352-8675399

Daytime Phone #