2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# L03000051945

Entity Name: CP INTERIOR TEXTURES LLC

Current Principal Place of Business:

4207 BARKER DRIVE
ELFERS, FL 34654

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 202
ELFERS, FL 34654

New Mailing Address:

FEI Number: 76-0786550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERS, CRAIG
4207 BARKER DRIVE
ELFERS, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	PETERS, CRAIG	
Address:	4207 BARKER DRIVE	
City-St-Zip:	ELFERS, FL 34654	
Title:	MGR	( ) Delete
Name:	BRIGUCCIA, FRANK	
Address:	15738 DILLA DRIVE	
City-St-Zip:	HUDSON, FL 34667	
Title:	MGR	( ) Delete
Name:	BRIAN, TRAVIS	
Address:	4207 BARKER DRIVE	
City-St-Zip:	ELFERS, FL 34654	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG PETERS MGRM 04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date