2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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 exemption stated in Chapter 119, 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 W PETERS MGRM 07/02/2007

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