
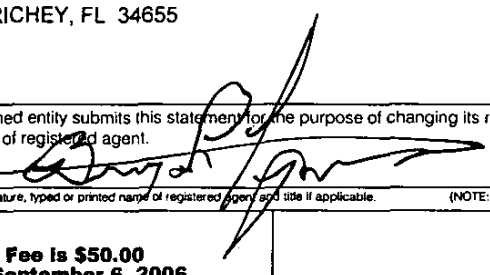
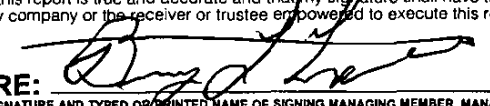


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90104 033 ****50.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L03000053002 1. Entity Name ACOUSTIC CEILING LLC | | | |  | |
| Principal Place of Business 7511 WHISPERWOODS CT. NEW PORT RICHEY, FL 34655 | | | Mailing Address 7511 WHISPERWOODS CT. NEW PORT RICHEY, FL 34655 | | |
| 2. Principal Place of Business 6110 Louisiana Ave Suite, Apt. #, etc. | | 3. Mailing Address 6110 Louisiana Ave Suite, Apt. #, etc. | | | |
| City & State New Port Richey FL Zip 34653 | | City & State New Port Richey FL Zip 34653 | | 4. FEI Number 35-2223243 | |
| Country PASCO | | Country PASCO | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 07052006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent TRIPLETT, BRYAN L 7511 WHISPERWOODS CT. NEW PORT RICHEY, FL 34655 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TRIPLETT, BRYAN 7511 WHISPERWOODS CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |