

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90041 030 ****55.00

DOCUMENT # L03000053601

1. Entity Name
ACCENT ON DECORATING, LLC



Principal Place of Business Mailing Address
~~302 PHILADELPHIA DRIVE~~ 981 Todd St. ~~302 PHILADELPHIA DRIVE~~ 981 Todd St.
JUPITER, FL 33458 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE



01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2123427	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

HABIG, GERALDINE
~~302 PHILADELPHIA DRIVE~~ 981 Todd St.
JUPITER, FL 33458

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HABIG, GERALDINE
STREET ADDRESS	302 PHILADELPHIA DRIVE 981 Todd St.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGRM
NAME	BAIN, DAVID
STREET ADDRESS	302 PHILADELPHIA DRIVE 981 Todd St.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Geraldine E. Habig 1-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #