


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000057172</b> 1. Entity Name <b>WINDSONG INTERIOR DELIGHTS LLC</b>	
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Principal Place of Business <b>2817 HWY 77 PANAMA CITY, FL 32405 US</b>	Mailing Address <b>2817 HWY 77 PANAMA CITY, FL 32405 US</b>
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04052006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0494270</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JOHNSON, WENDY D 433 BREAM POND RD SOUTHPORT, FL 32409</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

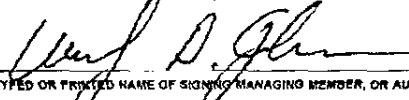
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, WENDY D 433 BREAM POND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KEVIN D 433 BREAM POND RD SOUTHPORT, FL 32409
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<p>000000496476 04/22/06-80013-024 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_