


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90020 017 \*\*\*\*50.00

<b>DOCUMENT # L04000000141</b>	
1. Entity Name <b>PETRA INTERIORS, LLC.</b>	

Principal Place of Business <b>4039 GARDENIA AVE. LAKE WORTH, FL 33461</b>	Mailing Address <b>4039 GARDENIA AVE. LAKE WORTH, FL 33461</b>
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2. Principal Place of Business <b>609 SE TANNER AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>609 SE TANNER AVE</b> Suite, Apt. #, etc.
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04122005 Chg-LLC CR2E083 (10/03)

City & State <b>PORT SAINT LUCIE, FL</b>	City & State <b>PORT SAINT LUCIE, FL</b>
Zip <b>34984</b>	Zip <b>34984</b>
Country <b>ST. LUCIE</b>	Country <b>ST. LUCIE</b>

4. FEI Number	Applied For <input checked="" 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>MERGUPIS, ROBERT 609 SE TANNER AVE. PORT SAINT LUCIE, FL 34984</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MERGUPIS, ROBERT 609 SE TANNER AVE. PORT SAINT LUCIE, FL 34984</b> <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
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 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 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: 	Date <b>4/14/05</b>	Daytime Phone # <b>772 875-0300</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		