

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90014 050 \*\*\*\*50.00

<b>DOCUMENT # L04000000141</b>					
<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>2. Principal Place of Business</b> 4473 SW. Gainsboro ST.		<b>3. Mailing Address</b> 4473 SW. Gainsboro ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006    Chg-LLC    CR2E083 (11/05)	
<b>City &amp; State</b> Port Saint Lucie, FL.		<b>City &amp; State</b> Port Saint Lucie, FL.		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34953		<b>Country</b> U.S.		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MERGUPIS, ROBERT 609 SE TANNER AVE. PORT SAINT LUCIE, FL 34984			<b>7. Name and Address of New Registered Agent</b> Name: Robert Mergupis Street Address (P.O. Box Number is Not Acceptable): 4473 SW. Gainsboro ST. City: Port Saint Lucie    FL    Zip Code: 34953		
<b>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.</b> SIGNATURE: <i>Robert Mergupis</i> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERGUPIS, ROBERT 609 SE TANNER AVE. PORT SAINT LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mergupis, Robert 4473 SW. Gainsboro ST. Port Saint Lucie, FL 34953	<input checked="" 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
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert Mergupis</i>			4/19/06 (72) 873-0302		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		