

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90047 030 ****50.00

DOCUMENT # L04000002094																																																																																																																													
1. Entity Name PROFESSIONAL DRAPERY INSTALLATION, L.L.C.																																																																																																																													
Principal Place of Business 813 COPPER RIDGE DR. CANTONMENT, FL 32533			Mailing Address 813 COPPER RIDGE DR. CANTONMENT, FL 32533																																																																																																																										
2. Principal Place of Business			3. Mailing Address																																																																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
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4. FEI Number 20-0583691				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																										
FRANKLIN, DOUGLAS R 813 COPPER RIDGE DR. CANTONMENT, FL 32533			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: <i>Douglas R. Franklin</i> DATE: 1-5-05 <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 May 1, 2005		Make check payable to Florida Department of State																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS / CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">FRANKLIN, DOUGLAS R</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">813 COPPER RIDGE DR. 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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: <i>Douglas R. Franklin</i> DATE: 1-5-05 850 572 8388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																													