

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000002151

1. Entity Name
DISCOUNT BLINDS LLC



Principal Place of Business
**MM 30.2 US HWY 1
BIG PINE KEY, FL 33043**

Mailing Address
**P.O. BOX 430086
BIG PINE KEY, FL 33043**



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2682189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**SCHEIDELL, DON J
MM 30.2 US HWY 1
BIG PINE KEY, FL 33043**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

U00000518547
05/02/06-20015-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHEIDELL, DONALD
STREET ADDRESS	P.O. BOX 430086
CITY- ST- ZIP	BIG PINE KEY, FL 33043
TITLE	MGR
NAME	SCHEIDELL, BARBARA
STREET ADDRESS	P.O. BOX 430086
CITY- ST- ZIP	BIG PINE KEY, FL 33043
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 118, 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 805, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/06 305 872 127
Date Daytime Phone #