


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003259 1. Entity Name BRUCE MAIR INTERIOR DESIGN LLC	
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Principal Place of Business 1716 FOWLER ST. FORT MYERS, FL 33901	Mailing Address 1716 FOWLER ST. FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0582023	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WATSON, HAROLD 1716 FOWLER ST. FORT MYERS, FL 33901
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**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 reinstating) DATE

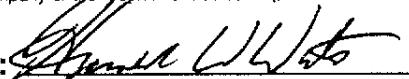

**Filing Fee is \$50.00
Due by May 1, 2006**

00000421445
02/15/06-80054-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAIR, BRUCE L 1716 FOWLER ST. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, HAROLD W 1716 FOWLER ST. FORT MYERS, FL 33901
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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 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
 **239-476-9704**
Date Daytime Phone #