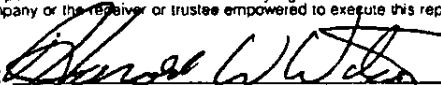


FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90464 008 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000003259 1. Entity Name BRUCE MAIR INTERIOR DESIGN LLC		
Principal Place of Business 1716 FOWLER ST. FORT MYERS, FL 33901	Mailing Address 1716 FOWLER ST. FORT MYERS, FL 33901	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WATSON, HAROLD 1716 FOWLER ST. FORT MYERS, FL 33901		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, 2007		
D. 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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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 2/8/07 239 476-9404 Date Daytime Phone #		

40037643



02062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0582023

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required