2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003259

1. Entity Name
BRUCE MAIR INTERIOR DESIGN LLC

Principal Place of Business	Mailing Address
1716 FOWLER ST. FORT MYERS, FL 33901	1716 FOWLER ST. FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

60019527

03152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-0582023		Not Applicable

5. Certificate of Status Desired ☑   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, HAROLD
~~1716 FOWLER ST.~~ 11841 PALM BEACH BLVD #117
FORT MYERS, FL ~~33901~~ 33905

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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 _Harold W. Watson_

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

NOTE: Registered Agent signature required when reinstating)

DATE 3/20/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	MAIR, BRUCE L	
STREET ADDRESS	~~1716 FOWLER ST.~~ 11841 PALM BEACH BLVD #117	
CITY-ST-ZIP	FORT MYERS, FL ~~33901~~ 33905	
TITLE	MGR	
NAME	WATSON, HAROLD W	
STREET ADDRESS	~~1716 FOWLER ST.~~ 11841 PALM BEACH BLVD #117	
CITY-ST-ZIP	FORT MYERS, FL ~~33901~~ 33905	
TITLE		
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CITY-ST-ZIP		

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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

Date 3/20/08   Daytime Phone # 239-476-9704