


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90102 020 \*\*\*\*55.00

<b>DOCUMENT # L04000003380</b>	
1. Entity Name <b>STAGING AND DECORATING SOLUTIONS, LLC</b>	

Principal Place of Business <b>98 BEACHWOOD TRAIL TEQUESTA, FL 33469</b>	Mailing Address <b>98 BEACHWOOD TRAIL TEQUESTA, FL 33469</b>
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2. Principal Place of Business <b>98 BEECHWOOD TRAIL</b>	3. Mailing Address <b>98 BEECHWOOD TRAIL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TEQUESTA, FL</b>	City & State <b>TEQUESTA, FL</b>
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Zip <b>33469</b>	Country <b>USA</b>	Zip <b>33469</b>	Country <b>USA</b>
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02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59 3177738</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SCOTT, EARL A 98 BEACHWOOD TRAIL TEQUESTA, FL 33469</b>  (ADDRESS SPELLING CORRUPTION)	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>98 BEECHWOOD TRAIL</b> City <b>FL</b> Zip Code
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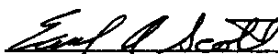
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCOTT, PATRICIA C 98 BEACHWOOD TRAIL TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCOTT, EARL A 98 BEACHWOOD TRAIL TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>EARL A. SCOTT</b>	<b>FEB 2, 2005</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #