

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004209

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: O'GUIN DECORATIVE ARTS, L.L.C.

**Current Principal Place of Business:**

5650 YAHL STREET, STE. 4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5650 YAHL STREET, STE. 4  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-0606006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

O'GUIN, CHRISTOPHER M  
10805 QUEEN ANNE LANE  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: O'GUIN, CHRISTOPHER  
Address: 10805 QUEEN ANNE LANE  
City-St-Zip: NAPLES, FL 34109

Title: MGRM ( ) Delete  
Name: O'GUIN, MICHAEL W  
Address: 1220 COMMONWEALTH CR., M206  
City-St-Zip: NAPLES, FL 34116

Title: MGRM ( ) Delete  
Name: O'GUIN, LIZBETH L  
Address: 1220 COMMONWEALTH CR., M206  
City-St-Zip: NAPLES, FL 34116

Title: MGRM ( ) Delete  
Name: O'GUIN, CORY P  
Address: 4680 ST. CROIX LN., # 524  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LIZBETH O'GUIN

MGRM

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date