2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000008592

1. Entity Name MR AND MRS DECORATING, L.L.C.



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2506 KLASS TERR

2506 KLASS TERR

PORT CHARLOTTE, FL 33981

PORT CHARLOTTE, FL 33981



01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0671361

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

941-697-2487

1-7-06

6. Name and Address of Current Registered Agent

HAVERLY, KENNETH J 2506 KLASS TERR PORT CHARLOTTE, FL 33981

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			:
 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, typod 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		***	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGRM HAVERLY, KENNETH J 2506 KLASS TERR PORT CHARLOTTE, FL 33981		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAVERLY, CAROLLE M 2506 KLASS TERR PORT CHARLOTTE, FL 33981		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			AND THE COMPANY AND ADMINISTRATION OF THE PROPERTY OF THE PROP
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.			

JRE: HENNESON HAVOR KENNESH 5 IT HOERLY
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE