

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000008979

1. Entity Name  
ANTHONY'S WALLPAPER & PAINTING, LLC



FILED  
Apr 18, 2007 8:00 am  
Secretary of State

04-18-2007 90030 013 \*\*\*\*55.00

Principal Place of Business  
43 JUSTIN DRIVE  
APOPKA, FL 32712

Mailing Address  
43 JUSTIN DRIVE  
APOPKA, FL 32712

**DO NOT WRITE IN THIS SPACE**

03202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4549166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BISKNER, ANTHONY G.  
43 JUSTIN DRIVE  
APOPKA, FL 32712

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	PST
NAME	BISKNER, ANTHONY G.
STREET ADDRESS	43 JUSTIN DRIVE
CITY-ST-ZIP	APOPKA, FL 32712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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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:

4/18/07

407 221 4257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #