

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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

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

DOCUMENT # L04000008979

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



Principal Place of Business  
43 JUSTIN DRIVE  
APOPKA, FL 32712

Mailing Address  
43 JUSTIN DRIVE  
APOPKA, FL 32712

60038030

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03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
36-4549166

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
BISKNER, ANTHONY G  
43 JUSTIN DRIVE  
APOPKA, FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Daytime Phone #

4/18/07

407 221 4257