## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90029 026 \*\*\*\*50.00 DOCUMENT # L04000020460 FRANKLIN DRAPERY INSTALLATION, LLC Principal Place of Business Mailing Address 20033351 3451 BAISDEN RD. 3451 BAISDEN RD. PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152006 CR2E083 (11/05) Applied For City & State 4. FEI Number CORRELT F. EIN City & State -26-1190354 20-1324755 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANKLIN, GARY W Street Address (P.O. Box Number is Not Acceptable) 3451 BAISDEN RD. PENSACOLA, FL 32503 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition FRANKLIN, GARY W NAME NAME STREET ADDRESS 3451 BAISDEN RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE □1 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

# ATTACHMENT 20033351

**FILED** 

## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

### Mar 16, 2005 8:00 al Secretary of State 03-16-2005 90291 025 \*\*\*\* 50.00 **DOCUMENT # L04000020460** FRANKLIN DRAPERY INSTALLATION, LLC Correct F. EIN. Principal Place of Business Mailing Address 20-1324755 3451 BAISDEN RD. 3451 BAISDEN RD. PENSACOLA, FL. 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, stc. Suite, Apt. #, etc. 03142005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For -261-19- X955 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANKLIN, GARY W Street Address (P.O. Box Number is Not Acceptable) 3451 BAISDEN RD. PENSACOLA, FL 32503 City Zip Code 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 Sgratum, typed or profest name of registered agent and title 4 applicable. Matte check payable to: Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Q. 10. MGR TITLE ☐ Deleta ETD F ☐ Change ☐ Addition FRANKLIN, GARY W HALE KULE STREET ADDRESS 3451 BAISDEN RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL. 32503 CITY-ST-ZP TULE Deleta TILE ☐ Change ☐ Addition MARKET NAME

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 ceth; that I am a managing member or manager of the limited liability company or the (seceiver or trustee elegowered to execute this report as required by Chapter 608, Florida Statutes.

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