

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90065 016 ****55.00

DOCUMENT # L04000026420					
1. Entity Name THE LOUVER SHOP OF TAMPA, LLC					
Principal Place of Business 10463 VILLA VIEW CIRCLE TAMPA, FL 33647 US			Mailing Address 10463 VILLA VIEW CIRCLE TAMPA, FL 33647 US		
2. Principal Place of Business 7649 CITRUS BLOSSOM DRIVE Suite, Apt. #, etc.		3. Mailing Address 7649 CITRUS BLOSSOM DRIVE Suite, Apt. #, etc.			
City & State LAND O LAKES FL		City & State LAND O LAKES FL		4. FEI Number 20-0969040	
Zip 34637		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENN, MICHAEL S 10463 VILLA VIEW CIRCLE TAMPA, FL 33647			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7649 CITRUS BLOSSOM DRIVE City LAND O LAKES FL Zip Code 34637		
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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME GLENN, TOMI A STREET ADDRESS 10463 VILLA VIEW CIRCLE CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7649 CITRUS BLOSSOM DRIVE LAND O LAKES FL 34637		
TITLE MGR NAME GLENN, MICHAEL S STREET ADDRESS 7649 CITRUS BLOSSOM DR CITY-ST-ZIP LAND O LAKES, FL 34637	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____			Date 4-24-06 Daytime Phone # 813-996-5361		