



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90012 034 ****50.00

DOCUMENT # L04000033588 1. Entity Name VINYL CREATIONS ETC. LLC					
Principal Place of Business 3351 AYRSHIRE ST. JACKSONVILLE, FL 32226			Mailing Address 3351 AYRSHIRE ST. JACKSONVILLE, FL 32226		
2. Principal Place of Business 1705 Jake Road Suite, Apt. #, etc.		3. Mailing Address 1705 Jake Road Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32226		Zip 32226			
Country Duval		Country Duval			
4. FEL Number 20-1073406				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHELL, MICHALE W 3351 AYRSHIRE ST. JACKSONVILLE, FL 32226			7. Name and Address of New Registered Agent Name Schell, Michale W. Street Address (P.O. Box Number is Not Acceptable) 1705 Jake Road City Jacksonville FL 32226		
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 <u>Michale Schell</u> <u>Michale W. Schell, manager</u> <u>Aug. 11, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHELL, MICHALE W 3351 AYRSHIRE ST. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. Schell, Michale W. 1705 Jake Road Jacksonville, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHELL, MICHALE W 8129 HAWTHORNE ST. JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Michale Schell</u> <u>Michale W. Schell, manager</u> <u>Aug 11, 2005</u> (904) 714-1981 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					