


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2006 08:00 AM**  
**Secretary of State**

|   |  |                                 |   |   |   |
|---|--|---------------------------------|---|---|---|
| <b>DOCUMENT # L04000035970</b>  |  |                                 |   |  |   |
| <b>1. Entity Name</b><br>SURFACE ILLUSIONS LLC  |  |                                 |   |   |   |
| <b>Principal Place of Business</b><br>6230 PAINTED LEAF LANE<br>NAPLES FL 34116   |  |                                 | <b>Mailing Address</b><br>6230 PAINTED LEAF LANE<br>NAPLES FL 34116 |   |   |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>       |   | 2nd MOORE      CR2E083 (4/06)   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |   |   |
| City & State  |  | City & State                    |   |   |   |
| Zip   |  | Zip                             |   |   |   |
| Country   |  | Country                         |   | <b>4. FEI Number</b> 27-0100853   |   |
| Applied For   |  | Not Applicable                  |   |   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                                 |   | <b>\$5.00 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 | <b>7. Name and Address of New Registered Agent</b>                  |   |   |
| CROMER, BRIAN<br>6230 PAINTED LEAF LANE<br>NAPLES FL 34116  |  |                                 | Name  |   |   |
|   |  |                                 | Street Address (P.O. Box Number is Not Acceptable)                  |   |   |
|   |  |                                 | City  |   |   |
|   |  |                                 | FL      Zip Code  |   |   |
| <b>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.</b>  |  |                                 |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |  |                                 |   |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By September 6, 2006</b>  |  |                                 |   |   |   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |                                 | <b>10. ADDITIONS / CHANGES</b>                                      |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>CROMER, BRIAN<br>6230 PAINTED LEAF LANE<br>NAPLES FL 34116 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | U000000576499<br>09/08/06-80001-005 50.00                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |                                 |   |   |   |
| <b>SIGNATURE:</b> <i>Brian Cromer</i> <i>Chris A. Cromer</i> 9/5/06      239-352-2755   |  |                                 |   |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #  |  |                                 |   |   |   |