


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90201 010 ****50.00

DOCUMENT # L04000043579 1. Entity Name TRADITIONAL PAPERHANGING LLC					
Principal Place of Business 3860 MAX PL SUITE 102 BOYNTON BEACH FL 33436 US			Mailing Address 3860 MAX PL SUITE 102 BOYNTON BEACH FL 33436 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIE, RICHARD 5265 BRISATA CIRCLE APT. F BOYNTON BEACH FL 33437			Name Richard Frie Street Address (P.O. Box Number is Not Acceptable) 3860 Max Place Suite 102 City Boynton Beach FL Zip Code 33436		
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><i>Richard Frie</i></u> (NOTE: Registered Agent signature required when registering) DATE _____					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR FRIE, RICHARD 5265 BRISATA CIRCLE APT. F BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	mgr. Frie Richard 3860 max Place #102 Boynton Beach Fl. 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Richard Frie</i></u>			2/17/07 561-734-7313 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					