

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055116

Entity Name: INTERIOR VISIONS, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

421 N. ANDREWS AVE., UNIT #C
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

421 N. ANDREWS AVE., UNIT #C
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-0092611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ORLANDO
421 N. ANDREWS AVE., UNIT #C
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, ORLANDO
Address: 421 N. ANDREWS AVE., UNIT #C
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: CAPPADONA, CAROL A
Address: 421 N. ANDREWS AVE., UNIT #C
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: SCHLAMPP, CHRISTIAN F
Address: 421 N. ANDREWS AVE., UNIT #C
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTIAN F. SCHLAMPP

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date