


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90050 049 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000066911	
<b>1. Entity Name</b> KATHY BUFKIN WALLPAPER HANGER, LLC	

<b>Principal Place of Business</b> 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303	<b>Mailing Address</b> 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303
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<b>2. Principal Place of Business</b> 2032 Cynthia Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2032 Cynthia Drive Suite, Apt. #, etc.
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<b>City &amp; State</b> Tallahassee Fla	<b>City &amp; State</b> Tallahassee FL
<b>Zip</b> 32303	<b>Zip</b> 32303
<b>Country</b> USA	<b>Country</b> USA

20028702



04082005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 86-1116213	<b>Applied For</b> <input type="checkbox"/> 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> BUFKIN, KATHY 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUFKIN, KATHY 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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.

<b>SIGNATURE:</b> Kathy Bufkin <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>Date</b> 4-8-05	<b>Daytime Phone #</b> (850) 514-1988
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