
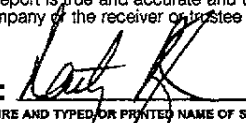


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066911 1. Entity Name KATHY BUFKIN WALLPAPER HANGER, LLC		
Principal Place of Business 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303 US	Mailing Address 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUFKIN, KATHY 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUFKIN, KATHY 2032 CYNTHIA DRIVE TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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. SIGNATURE:  Kathy Bufkin 4-17-06 (850) 514-1988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1116213	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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05/02/06-80099-007 50.00