

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075114

FILED
Mar 08, 2005
Secretary of State

Entity Name: GOGH FAUX INTERIORS LLC

Current Principal Place of Business:

120-C RICH STREET
VENICE, FL 342923107

New Principal Place of Business:

3187 ALBIN AVE
NORTH PORT, FL 34286

Current Mailing Address:

3187 ALBIN AVE.
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 01-6628832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, BJ
120-C RICH STREET
VENICE, FL 342923107 US

Name and Address of New Registered Agent:

HIGGINS, BJ
3187 ALBIN AVE
NORTH PORT, FL 34286 US

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: _____

03/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HIGGINS, BJ
Address: 120-C RICH STREET
City-St-Zip: VENICE, FL 342923107

Title: MGRM () Delete
Name: HIGGINS, BEVERLY JANE
Address: 124 HAPPY HAVEN DRIVE, LOT #15
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: GAGE, JULIE ANN
Address: 3187 ALBIN AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: KONZ, BRITTANY JANE
Address: 3187 ALBIN AVE.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HIGGINS, BJ
Address: 3187 ALBIN AVE
City-St-Zip: NORTH PORT, FL 34286

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 Section 119.07(3)(i), 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: BJ HIGGINS

MGR

03/08/2005

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