


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90089 038 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000078758</b>                       |  |
| 1. Entity Name<br><b>COMPLETE WALLCOVERINGS"LLC"</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6412 CHESHIRE COURT<br/>WESLEY CHAPEL FL 33544<br/>US</b> | Mailing Address<br><b>6412 CHESHIRE COURT<br/>WESLEY CHAPEL FL 33544<br/>US</b> |
|---|---|

|   |                                   |
|---|-----------------------------------|
| 2. Principal Place of Business<br><i>Same</i> | 3. Mailing Address<br><i>Same</i> |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc.               |

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br><i>Same</i> | City & State<br><i>Same</i> |
| Zip                         | Country                     |
|                             | <i>Same</i>                 |

|   |  |
|---|--|
| 4. FEI Number<br><b>41-2156759</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>DOZIER, HERB J<br/>6412 CHESHIRE COURT<br/>WESLEY CHAPEL FL 33544</b> |  |
|---|--|

|   |      |
|---|------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code   |      |
| 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 <i>[Signature]</i>  | DATE |

|  |  |
|--|--|
| <p align="center"><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By September 7, 2005</b></p> |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>DOZIER, HERB J<br/>6412 CHESHIRE COURT<br/>WESLEY CHAPEL FL 33544</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

|   |      |                 |
|---|------|-----------------|
| SIGNATURE <i>[Signature]</i>  | DATE | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |      |                 |