


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90426 019 \*\*\*\*50.00

<b>DOCUMENT # L04000088269</b>	
1. Entity Name <b>LRC WALLPAPERING LLC</b>	

Principal Place of Business <b>201 SUPERIOR PLACE WEST PALM BEACH FL 33409</b>	Mailing Address <b>332 DATE PALM DRIVE LAKE PARK FL 33403</b>
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2. Principal Place of Business		3. Mailing Address <b>201 Superior Place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>West Palm Bch</b>	
City & State		City & State <b>FL</b>	
Zip <b>33409</b>	Country	Zip <b>33409</b>	Country <b>U.S.</b>

1st MOORE CR2E083 (10/04)

4. FEI Number <b>20-2010007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CUSHNIE, LEE 332 DATE PALM DRIVE LAKE PARK FL 33403</b>		7. Name and Address of New Registered Agent Name <b>LEE R. CUSHNIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Superior Place</b> City <b>West Palm Bch</b> FL Zip Code <b>33409</b>	
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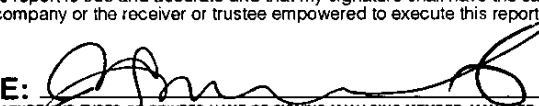
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CUSHNIE, LEE R 332 DATE PALM DRIVE LAKE PARK FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CUSHNIE, LEE R 201 SUPERIOR PLACE West Palm Bch, FL 33409</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #