



2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90044 044 ****55.00

DOCUMENT # L05000021892 1. Entity Name INTERIORS COMPLETE DESIGN, LLC					
Principal Place of Business 7660 PHILIPS HIGHWAY, SUITE 5 JACKSONVILLE, FL 32256				Mailing Address 7660 PHILIPS HIGHWAY, SUITE 5 JACKSONVILLE, FL 32256	
MOVED					
2. Principal Place of Business 8638 PHILIPS HWY.		3. Mailing Address 8638 PHILIPS HWY.		07212006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. SUITE #8		Suite, Apt. #, etc. SUITE #8		4. FEI Number 55-0894220	
City & State JAX, FL. 32256		City & State JAX, FL.		Applied For <input type="checkbox"/> Not Applicable	
Zip 32256		Zip 32256		Country DUVAL	
Country DUVAL		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUTEN, BRENDA L 7660 PHILIPS HIGHWAY, SUITE 5 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name BRENDA L LUTEN Street Address (P.O. Box Number is Not Acceptable) 8638 PHILIPS HWY, SUITE #8 City JACKSONVILLE FL Zip Code 32256	
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 <u>Brenda L. Luten</u> DATE <u>8/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTEN, BRENDA L 7660 PHILIPS HIGHWAY, SUITE 5 ← CHANGE JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTEN, BRENDA L. 8638 PHILIPS HWY, STE. #8 JAX, FL. 32256	
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	
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 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: <u>Brenda Luten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>8/14/06 904-338-9776</u> <small>Date Daytime Phone #</small>		