

**2007 LIMITED LIABILITY COMPANY-  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000021892</b>	
1. Entity Name INTERIORS COMPLETE DESIGN, LLC	

Principal Place of Business 8638 PHILIPS HWY SUITE 8 JACKSONVILLE, FL 32256	Mailing Address 8638 PHILIPS HWY SUITE 8 JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0894220	Applied For 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

LUTEN, BRENDA L  
8638 PHILIPS HWY  
SUITE 8  
JACKSONVILLE, FL 32256

**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 Brenda Luten (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTEN, BRENDA L 8638 PHILIPS HWY SUITE 8 JACKSONVILLE, FL 32256
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05/30/07-80041-001 50.00

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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: Brenda Luten Date 5/1/07 Daytime Phone # 904-338-9776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

904-504-1519