

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90018 034 \*\*\*\*50.00

<b>DOCUMENT # L05000061814</b>					
<b>1. Entity Name</b> INSIDE DESIGNS, L.L.C.					
<b>Principal Place of Business</b> 3881 EMERALD ESTATES CIRCLE APOPKA, FL 32703			<b>Mailing Address</b> 3881 EMERALD ESTATES CIRCLE APOPKA, FL 32703		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b> HARNES, LAURENCE C 215 NORTH EOLA DRIVE ORLANDO, FL 32801				<b>7. Name and Address of New Registered Agent</b> Name <b>FRANK W. OROPEZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3881 EMERALD ESTATES CIRCLE</b> City <b>APOPKA</b> FL <b>32703</b>	
<b>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.</b>					
SIGNATURE <u>Frank W. Oropeza</u> <b>FRANK W. OROPEZA</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>OROPEZA, PAMELA L..</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3881 EMERALD ESTATES CIRCLE</b> <b>APOPKA, FL 32703</b>	
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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<b>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.</b>					
SIGNATURE: <u>Pamela L. Oropeza</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1/31/06</u>		Daytime Phone # <u>407-446-5861</u>
<b>PAMELA L. OROPEZA, MANAGER</b>					

**20007816**



01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3036588** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required