



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 038 ****50.00

DOCUMENT # L05000072773					
1. Entity Name VACATION HOME DECOR RESTORE AND MORE, LLC					
Principal Place of Business 3168 WHOOPING CRANE ROAD KISSIMMEE, FL 34741 US			Mailing Address 3168 WHOOPING CRANE ROAD KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box # 11438 Great Commission Way Suite, Apt. #, etc.		3. Mailing Address 11438 Great Commission Way Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 20-3195207	
Zip 32832		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.A. 1517 E HILLCREST STREET ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name: Smalley & Company P.L. Street Address (P.O. Box Number is Not Acceptable): 1517 E. Hillcrest St. City: Orlando FL Zip Code: 32803		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRINGTON, HEATHER R 3168 WHOOPING CRANE ROAD KISSIMMEE, FL 34741	<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 <i>Heather R Harrington</i>				Date: 2/9/07 Daytime Phone #: 407-694-3984	