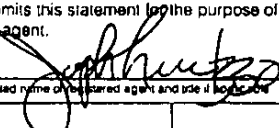
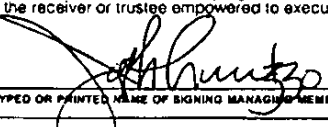


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                            |                                                    |                                                                                                                                                                                                                       |                                                                              |                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000096603</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                            |                                                    |                                                                                                                                      |                                                                              | FILED 507191900311<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br>JUL -9 PM 2:37 |  |
| 1. Entry Name<br><b>DRAPERY SERVICE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                            |                                                    |                                                                                                                                                                                                                       |                                                                              |                                                                                        |  |
| Principal Place of Business<br><b>1175 N. HERCULES AVE<br/>CLEARWATER, FL 33765</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                            |                                                    | Mailing Address<br><b>1175 N. HERCULES AVE<br/>CLEARWATER, FL 33765</b>                                                                                                                                               |                                                                              |                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                            |                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                             |                                                                              |                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                            |                                                    | City & State                                                                                                                                                                                                          |                                                                              |                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | Country                                    |                                                    | Zip                                                                                                                                                                                                                   |                                                                              | Country                                                                                |  |
| 4. FEI Number<br><b>20-3837847-203569624</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                            |                                                    | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                                            |                                                                              |                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>CRAMPTON USA INC, DBA DRAPERY SERVICES<br/>1175 N. HERCULES AVE<br/>CLEARWATER, FL 33765</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                            |                                                    | 7. Name and Address of New Registered Agent<br>Name: <b>DRAPERY SERVICE</b><br>Street Address (P.O. Box Number is Not Acceptable):<br><b>1175 N HERCULES AVE</b><br>City: <b>Clearwater</b> FL Zip Code: <b>33765</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.                                                                                                                                                                                                                                                                            |                                                                          |                                            |                                                    |                                                                                                                                                                                                                       |                                                                              |                                                                                        |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                            |                                                    | DATE: <b>7/2/07</b>                                                                                                                                                                                                   |                                                                              |                                                                                        |  |
| Filing Fee is \$50.00<br>Due by September 14, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                            |                                                    | Make check payable to<br>Florida Department of State                                                                                                                                                                  |                                                                              |                                                                                        |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                            |                                                    | 10. ADDITIONS/CHANGES                                                                                                                                                                                                 |                                                                              |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>RANDAZZO, JOSEPH<br>2576 SUNSET POINT RD<br>CLEARWATER, FL 33765  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEO<br>Joseph Randazzo<br>1175 N. Hercules Ave<br>Clearwater FL 33765                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CEO<br>MILLER, WILLIAM L<br>1175 N. HERCULES AVE<br>CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                            |                                                    | DATE: <b>7/2/07</b>                                                                                                                                                                                                   |                                                                              |                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                            |                                                    | Daytime Phone # <b>727 403 4649</b>                                                                                                                                                                                   |                                                                              |                                                                                        |  |