2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN Secretary of State

DOCUMENT # L06000012649 1. Entity Name FASCINAT'N DRAPE'N LLC						
Principal Plac 28731 SOUT	e of Business TH CARGO COURT	Mailing Address 28731 SOUTH CARGO COURT				
# 4 Bonita Spri	INGS, FL 34135	# 4 BONITA SPRINGS, FL 34135				
——————————————————————————————————————						
				02112008 No Chg-LLC CR2E083 (12/07)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 51-0566857	Applied For	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			res nadared	
ST JOHN, KATHY 28731 SOUTH CARGO COURT #4 BONITA SPRINGS, FL 34135			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its register	Led office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accep	
SIGNATURE Signature typed or printed name of registered agent and title diapplicable (NOT). Registered Agent signature required				when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBER	S/MANAGERS	1			
TITLE NAME	MGR ST JOHN, KATHY					
STREET ADDRESS	28731 SOUTH CARGO COURT #	4	ļ			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		1	HAAAAA) 	
NAME				03/05/08-80	8139 0019-019 138.75	
STREET ADDRESS CITY+ST-ZIP			ļ			
TITLE						
NAME STREET ADDRESS					,	
C11Y-S1-21P			DO NOT WRITE			
TITLE			1	IN THIS SE	NOE	

11. If hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 1 am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kothy M. St. John Standing MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

2-20-08

239,390-2938

Daylime Phone #