




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90037 003 ***138.75

DOCUMENT # L06000017253					
1. Entity Name DRAPES & BLINDS ETC., LLC					
Principal Place of Business 9350 W. HIGHWAY 192, STE. 106 CLERMONT, FL 34714			Mailing Address 9350 W. HIGHWAY 192, STE. 106 CLERMONT, FL 34714		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60029774 	
City & State		City & State		4. FEI Number 20-4234402	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JEFFREY 233 PRESTWICK DRIVE DAVENPORT, FL 33897 <div style="margin-left: 150px;">19116 LAKE SWATARA DR EUSTIS FL 32736</div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JEFFREY 233 PRESTWICK DRIVE DAVENPORT, FL 33897	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19116 LAKE SWATARA DRIVE EUSTIS FL 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JULIE 233 PRESTWICK DRIVE DAVENPORT, FL 33897	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19116 LAKE SWATARA DRIVE EUSTIS FL 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			04/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		