

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jul 11, 2007 8:00 am
Secretary of State

05-21-2007 90363 024 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000017646 1. Entity Name EXCLUSIVE INTERIORS LLC																																																																																																											
Principal Place of Business 1202 WALDEN DRIVE NEW SMYRNA BEACH FL 32168			Mailing Address 1202 WALDEN DRIVE NEW SMYRNA BEACH FL 32168																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country	4. FEI Number Applied For ☒ Not Applicable																																																																																																							
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E 773 4TH AVENUE NORTH NAPLES FL 34102			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 resigning) DATE _____																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">MGR ☐ Delete</td> <td style="width: 20%; padding: 5px;"></td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">☐ Change ☐ Addition</td> <td style="width: 20%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">STEVENS, LANIE</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1202 WALDEN DRIVE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td style="padding: 5px;">NEW SMYRNA BEACH FL 32168</td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">☐ Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">☐ Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">☐ Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR ☐ Delete		TITLE	☐ Change ☐ Addition		NAME	STEVENS, LANIE		NAME			STREET ADDRESS	1202 WALDEN DRIVE		STREET ADDRESS			CITY-STATE-ZIP	NEW SMYRNA BEACH FL 32168		CITY-STATE-ZIP			TITLE	☐ Delete		TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE	☐ Delete		TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE	☐ Delete		TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.																																																																																																											
SIGNATURE: _____ 4-28-07 386-689050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																											