

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90121 010 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name L06000030441 BLINDS ANYWHERE, LLC
DO NOT WRITE IN THIS SPACE

60051854

2. Principal Place of Business 7815 SANIBEL DRIVE Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
City & State TAMARAC, FL Zip 33321 Country	City & State City Zip Country

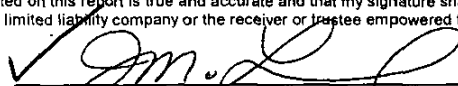
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4555623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name JARED LEDERHANDLER	
Street Address (P.O. Box Number is Not Acceptable) 7815 SANIBEL DRIVE	
City TAMARAC	Zip Code FL 33321

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 Signature, typed or printed name of registered agent and title if applicable. DATE	
FEES \$150.00 Make Check Payable to Department of State DUE BY MAY	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGING MEMBER JARED LEDERHANDLER 7815 SANIBEL DRIVE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 6/6/07 Daytime Phone # (561) 767-0602