


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90134 027 ****50.00

DOCUMENT # L06000034870	
1. Entity Name GODFATHER'S DRAPERIES AND BLINDS L.L.C.	

Principal Place of Business 10416 LEANING OAK DR PORT RICHEY, FL 34668	Mailing Address 10416 LEANING OAK DR PORT RICHEY, FL 34668
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

60022274



03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5063761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALTESE, ROBERT 10416 LEANING OAK DR PORT RICHEY, FL 34668	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 _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALTESE, ROBERT 10416 LEANING OAK DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  **722-868-5114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **MARCH 05-07** Daytime Phone #