## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 11, 2007 8:00 am Secretary of State DOCUMENT # L06000122462 05-11-2007 90197 031 \*\*\*\*50.00 1. Entity Name WAYNE'S INTERIORS L.L.C. ULNTenno Principal Place of Business Mailing Address 6033 LAZY LANE 6033 LAZY LANE **KEYSTONE HEIGHTS, FL 32656** KEYSTONE HEIGHTS, FL 32656 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E083 (12/06) Chg-LLC 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTVIE PARK DRIVE, SUITE4 WESTON, FL 33331 City 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: Signature, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 MGRM TITLE TITLE ☐ Change ☐ Addition HIGHTOWER, WAYNE NEWELL JR NAME NAME STREET ADDRESS 6033 LAZY LANE STREET ADDRESS KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLÉ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Delete TITI F ☐ Change TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000  1. Entity Name WAYNE'S INTERIORS L.L.C.  Principal Place of Business	Mailing Address		ATTACHMENT
6033 LAZY LANE KEYSTONE HEIGHTS, FL 32656	6033 LAZY LANE KEYSTONE HEIGHTS, FL	32656	60051070
2. Principal Place of Business - No P.O. Box	# 3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01102007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Applied For Not Applied by Not Applied For
Zip Country	Zip	Country:	5. Certificate of Status Desired
6. Name and Address of C	urrent Registered Agent	Name	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTVIE PARK DRIVE, SUITE4 WESTON, FL 33331			s (P.O. Box Number is Not Acceptable)
. =			
		City	FL Zip Code lered 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 register  Filling Fee is \$50.00  Due by May 1, 2007	ed agent and title if applicable. (NOTE:	Registered Agent signature requir	Make check payable to Florida Department of State
			Florida Department of State
TITLE MGRM  NAME HIGHTOWER, WAYNE NE  STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL  TITLE		10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES  Change Addition  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	. <del></del>	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
I hereby certify that the information supplindicated on this report is true and accurimited liability company or the receiver of the company or the company or the receiver of the company or the company or the receiver of the company or the company o	ate and that my signature shall have the reference empowered to execute this re	ne same legat effect as if eport as required by Cha	
SIGNATURE: Week WIS JAMES AND NISH TO DELLE DELL			