# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 22, 2009**
**Secretary of State**

DOCUMENT# L08000043213

**Entity Name:** GOLDMAN TOUCH WALLPAPERING, L.L.C.

**Current Principal Place of Business:**

4334 MARINERS COVE DRIVE
WELLINGTON, FL 33449

**New Principal Place of Business:**

11249 MANDERLY LANE
WELLINGTON, FL 33449

**Current Mailing Address:**

4334 MARINERS COVE DRIVE
WELLINGTON, FL 33449

**New Mailing Address:**

11249 MANDERLY LANE
WELLINGTON, FL 33449

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

GOLDMAN, LARRY R
4334 MARINERS COVE DRIVE
WELLINGTON, FL 33449 US

**Name and Address of New Registered Agent:**

GOLDMAN, LARRY R
11249 MANDERLY LANE
WELLINGTON, FL 33449 US

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.

SIGNATURE: 06/22/2009
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: GOLDMAN, LARRY R
Address: 4334 MARINERS COVE DRIVE
City-St-Zip: WELLINGTON, FL 33449

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GOLDMAN, LARRY R
Address: 11249 MANDERLY LANE
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY R. GOLDMAN MGR 06/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date