


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000451 SIMPLE ELEGANCE INTERIORS, L.C. 4808 S. TAMiami TRAIL SUITE 216 SARASOTA FL 34231		FILED 97 MAR -7 AM 8:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 4808 S. TAMiami TRAIL SUITE 216 SARASOTA FL 34231	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 1838 Oleander St. Suite, Apt. #, etc.		2a. Mailing Address 1838 Oleander St. Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34239		Country US	
3. Date Organized or Qualified 03/25/1996		3a. State of Formation FL	
4. FEI Number 65-0648075		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report New		6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent GARVEY, MICHAEL J 3513 MINEOLA DRIVE SARASOTA FL 34239		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <u>Michael J. Garvey</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>3/2/97</u>	
10. Title	Managing Member/Managers	Business Street Address	City, State and Zip Code
MGRM	GARVEY, KATHLEEN A	1838 OLEANDER STREET	SARASOTA FL
MGRM	SCHMIDT, ROBERT	4952 S. TRAIL	SARASOTA FL
			200002110102--S -03/11/97--01087--007 ****212.50 ****212.50 <u>3/2/97</u>
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <u>Kathleen J. Garvey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		Date <u>3/2/97</u> Daytime Phone # <u>(941) 955-6650</u>	