LIMITED LIARILITY COMPANY

FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91553 027 ****50.00

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UNIFORM	I BUSINESS REPORT (UBR)	
UMENT#	1,99000001777	`

DOC GUEST HOUSE INTERIORS L.C.

- 1	OO NOT WRITE	: IN THIS S	PAC	gen. See			
2. Principal Place of Bysiness 9533 RAINIER CIRCLE Suite, Apt. #, etc.		3. Mailing Address 9533 RAINIE CIRCLE Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State NAVARRE, FL		NAVARRE, FL		4. FEI Number Applied For S 9 - 356 7479 Not Applicable			
3256		3 ² 566	SAN	TA ROSA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
·,	1.5			Name	7. Name and Address of Current Regi	stered Agent	
DO NOT WRITE ' IN THIS SPACE				WALTER G GUEST Street Address (P.O. Box Number is Not Acceptable) 9533 RAINIER CIRCLE			
				City NAV	ARRE	FL 32566	
8. The above	named entity submits this statement for	or the purpose of changing its	s registere	d office or register	ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent	. and lets if applicable				DATE.	
		Make Check P	FEE IS ayable to OUE BY	o Department of			
9.	MANAGING MEMBI	ERS/MANAGERS		ı			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUEST, WALTER 9533 RAINIER O NAVARRE, EL	G CIAde 32566	93333333				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRAN CHRISTIAN DEN 512 LITIRELL NAVARRE, EL	iBeste Circle 32566	2007,000,00				
NAME STREET ADDRESS CITY-ST-ZIP	,		000000000		DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			822		IN THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			99999999				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			30000300000				

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #