2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001777

1. Entity Name

GUEST HOUSE INTERIORS L.C.

FILED

03 JUN 11 PM 12: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9533 RAINIER CIRCLE NAVARRE FL 32566	9533 RAINIER CIRCLE NAVARRE FL 32566

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number **59-3567479**	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUEST, WALTER G 9533 RAINIER CIR NAVARRE FL 32566	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

300021087663
06/28/03--01113--001 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GUEST, WALTER G		NAME			
STREET ADDRESS	9533 RAINIER CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP			
TITLE	MGRM	☑ Delete	TITLE		☐ Change	☐ Addition
NAME	DEN BESTE, CHRISTIAN		NAME			
STREET ADDRESS	512 LITTLELL CIR		STREET ADDRESS			
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP			
TITLE	MGRM	☑ Delete	TITLE		☐ Change	☐ Addition
NAME	BESTE, CHRISTIAN DEN		NAME			
STREET ADDRESS	512 LITTRELL CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	MOULTON AL 35650		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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 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: _Walter Guest_   6-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (10/02)