


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008891 1. Entity Name ARTISTIC INTERIORS (CIRCA 2000), LLC	
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Principal Place of Business 8418 BAY SPRINGS DR ORLANDO, FL 32819	Mailing Address 8418 BAY SPRINGS DR ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



03142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3627356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JULIAN, DEBRA A 8418 BAY SPRINGS DR ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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 dte if applicable. (NOTE: Registered Agent signature required when reinstating)

11000000000213

**Filing Fee is \$50.00
Due by May 1, 2004**

03/31/04-80037-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JULIAN, DEBRA A 8418 BAY SPRINGS DR ORLANDO, FL 32819
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**DO NOT WRITE
IN THIS SPACE**

11. I 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 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

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

Date

Daytime Phone #

DEBRA A. JULIAN 407)472-0393 x19

March 29, 2004