2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008891

1. Entity Name

ARTISTIC INTERIORS (CIRCA 2000), LLC



FILED Apr 30, 2007 08:00 All Secretary of State

Principal Place of Business

8418 BAY SPRINGS DR ORLANDO, FL 32819 Mailing Address

8418 BAY SPRINGS DR ORLANDO, FL 32819



04042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	L	Applied For
59-3627356		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JULIAN, DEBRA A 8418 BAY SPRINGS DR ORLANDO, FL 32819

SIGNATURE:

SIGNATURE A

DO NOT WRITE IN THIS SPACE

		IN 1	IN THIS SPACE		
	named entity submits this statement for the purpose of chartions of registered agent.	nging its registered office or registered agent, or both. in	n the State of Florida. I am familiar with, and accept		
SIGNATURE.			DATE		
	Signature, typed or printed name of registered agent and litle if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
	lling Fee is \$50.00 ue by May 1, 2007	,	•		
9.	MANAGING MEMBERS/MANAGERS	a statement	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIAN, DEBRA A 8418 BAY SPRINGS DR ORLANDO, FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP			. U00000743503 .05/15/07-80112-009:50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby indicated limited lia	certify that the information supplied with this filing does not I on this report is true and accurate and that my signature ability company of the receiver or frustee empowered to	dualify for the exemptions contained in Chapter 119, F hall have the same legal effect as if made under oath; cute his report as required by Chapter 608, Florida S	Florida Statules. I further certify that the information that I am a managing member or manager of the talutes.		