

**File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 4: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001106**

CORAL COVE ANTIQUE GALLERY, L.C.  
1516 PELICAN COVE ROAD, GR 143  
SARASOTA FL 34231

1a. Principal Place of Business Address  
~~1516 PELICAN COVE ROAD, GR-1~~  
~~SARASOTA FL 34231~~

2. Principal Place of Business  
7272 So. Tamiami Tr.

2a. Mailing Address

3. Date Organized or Qualified  
10/03/1997

3a. State of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
65-0796149

Applied For  
 Not Applicable

City & State  
SARASOTA, Florida

City & State

5. Date of Last Report  
N/A

6. Certificate of Status Desired  
 Additional Fee Required

Zip Country  
34231 U.S.A.

Zip Country

7. Name and Address of Current Registered Agent

MILLIN, DONNA  
1516 PELICAN COVE ROAD, GR 143  
SARASOTA FL 34231

8. Name and Address of New Registered Agent/Office

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	MILLIN, DONNA	1516 PELICAN COVE ROAD, GR	SARASOTA FL
MBR	RADICK, GEORGIA	3871 KINGSTON ROAD	SARASOTA FL

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\*\*\*\*188.75 \*\*\*\*188.75  
*[Handwritten Signature]*  
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11. I do 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 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: *Donna Millin* Donna Millin 4/24/98 441-927-2205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #