FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # L0000002837  |                         |                                      |                             |                                  |                     |                        | 011                  | 11 AY 31 P                            | M 4: 47                                   |                                    | 0               |
|---|-------------------------|--------------------------------------|-----------------------------|----------------------------------|---------------------|------------------------|----------------------|---------------------------------------|---|------------------------------------|-----------------|
| 1. Entity Name THE LEATHER COLLECTION HOLDINGS, L.L.C.  |                         |                                      |                             |                                  |                     |                        | SEC                  | RETARY O<br>AHASSEE                   | F STATE<br>FLORIDA                        | Λ.                                 | 4               |
| Principal Place of Business 6320 S. TAMIAMI TRAIL SARASOTA FL 34231  Mailing Address 6320 S. TAMIAMI TRAIL SARASOTA FL 34231  SARASOTA FL 34231 |                         |                                      |                             |                                  |                     |                        |                      | <b></b>                               |   |                                    |                 |
| 2. Principal Place of Business  |                         |                                      | 3. Mailing Address          |                                  |                     |                        |                      |                                       |   |                                    |                 |
| Suite, Apt. #, etc.   |                         |                                      | Suite, Apt. #, etc.         |                                  |                     |                        | · DO                 | NOT WRITE IN                          | THIS SPACE                                | HLM                                |                 |
| City & State  |                         |                                      | City & State                |                                  |                     |                        | Number 09            | a 462                                 |   | oplied For<br>ot Applicable        | ]               |
| Zip   | (                       | Country                              | Zip                         | Count                            | У                   |                        | ertificate of Status |                                       | \$5.00 44                                 | ditional<br>d                      |                 |
|   | 6. Name an              | d Address of Current Reg             | gistered Agent              |                                  |                     | 7. Na                  | me and Address       | of New Regist                         | ered Agent                                |                                    |                 |
| KENT RUNNELLS, P.A.   |                         |                                      |                             |                                  | Name                | Kent                   | Runn                 |                                       |   |                                    |                 |
| 101 MAIN STREET, SUITE A  |                         |                                      |                             |                                  | Street A            | address (M.O. Bo       | x Number is Not A    | (cceptable)                           |   |                                    |                 |
| SAFETY HARBOR FL 34695  |                         |                                      |                             |                                  | 10                  | 1 Ho                   | an St                | ક્યાં                                 | tca                                       |                                    |                 |
|   |                         |                                      |                             |                                  | City <              | a Gosta                | 1 +++22/1            | 20V                                   | FL 型99                                    | å95                                |                 |
| 8. The above  | e named entity su       | bmits this statement for the         | e purpose of changing its i | registered                       | d office or         | registered ager        |                      |                                       |   | - 19                               | 1               |
|   | Va                      | ыт О                                 |                             | Ŭ                                |                     | Ů Ů                    |                      |                                       |   |                                    |                 |
| SIGNATURE   | Signature, typed or pr  | inted name of registered agent and t | itle if applicable. (NOTE   | : Registered                     | Agent signat        | ure required when rain | stating)             |                                       | DATE                                      |                                    |                 |
|   |                         |                                      | FILE NO<br>Make Check Pay   |                                  |                     |                        | ,                    |                                       |   |                                    | ].              |
| 9.  |                         | MANAGING MEMBERS                     | /MEMBERS                    | 10.                              |                     |                        | A                    | DDITIONS/CHA                          | NGES                                      |                                    |                 |
| TITLE<br>NAME   | Heidi                   | manager<br>Huebscher                 | ☐ Delete                    | TITLE<br>NAME                    |                     |                        | •                    |                                       | ☐ Change                                  | ☐ Addition                         | CR2E083 (11/00) |
| STREET ADDRESS  |                         |                                      |                             |                                  | ADDRESS             | -                      | •                    |                                       |   |                                    | 88              |
| CITY-ST-ZIP   | Brad                    | enson, Fr                            | <u>3420&gt;-</u>            | CITY-                            | ST-ZIP              |                        |                      |                                       |   |                                    | 띬               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                         |                                      | ☐ Delete                    | NAME<br>STREE<br>CITY-1          | FADORESS<br>ST-ZIP  |                        | 900                  | 1 <b>0044</b><br>-06/19/0<br>******50 | Ctange<br>30125<br>11-01078-<br>1,00 **** | Addition<br> 10<br>-006<br>  50,00 | ]<br>  유        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                         |                                      | ☐ Delete                    | TITLE<br>NAME<br>STREE<br>CITY-S | ΓADDRESS<br>ST-ZIP  | ,                      |                      |                                       | Change                                    | Addition                           |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                         |                                      | ☐ Delete                    | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS<br>ST-ZIP |                        |                      |                                       | ☐ Change                                  | Addition                           |                 |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZE   |                         |                                      | ☐ Defete                    | TITLE<br>NAME<br>STREE<br>CITY-S | F ADDRESS<br>ST-ZIP |                        |                      |                                       | ☐ Change                                  | ☐ Addition                         |                 |
| TITLE NAME STREET ADORESS CITY-ST-ZIP   |                         |                                      | ☐ Delete                    | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS<br>ST-ZIP |                        |                      |                                       | ☐ Change                                  | Addition                           |                 |
|   | a autifus that the last | ormation supplied with this          | filing does not qualify for |                                  |                     | ted in Section 11      | 9.07(3)(i) Elorida   | Statutes I furth                      | er certify that the in                    | oformation                         | ľ               |
| <ol> <li>11. I hereby</li> </ol>  | certify that the ini    | Omnation adponed with this           | STREET STREET               | THE SYCH                         | INCIDE STOP         |                        |                      |                                       |   |                                    | ₹               |