

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010903

Entity Name: STONE COTTAGE ANTIQUES, L.C.

FILED  
Feb 03, 2005  
Secretary of State

## Current Principal Place of Business:

8955 WAKE FERN DR  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

ANTIQUE EMPORIUM  
22-10TH STREET SOUTH  
NAPLES, FL 34102

## Current Mailing Address:

255 BAREFOOT BEACH BLVD  
304  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 59-3673183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KINSELLA, SUSAN  
255 BAREFOOT BEACH BLVD  
BONITA SPRINGS, FL 34134      US

## Name and Address of New Registered Agent:

KINSELLA, SUSAN L OWNER  
255 BAREFOOT BEACH BLVD  
304  
BONITA SPRINGS, FL 34134      US

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.

SIGNATURE: SUSAN L. KINSELLA

02/03/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: KINSELLA, SUSAN  
Address: 255 BAREFOOT BEACH BLVD., #304  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: KINSELLA, SUSAN L OWNER  
Address: 255 BAREFOOT BEACH BLVD., #304  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUSAN L. KINSELLA

OWNE

02/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date