2005 LIMITED LIABILITY COMPANY

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

Filing Fee is \$50.00 Due by May 1, 2005

STEINER, MICHELE W

DESTIN, FL 32541

337 CALHOUN AVENUE

MGRM

FILED ANNUAL REPORT Jan 24, 2005 08:00 AM **DOCUMENT # L01000019188 Secretary of State** 1. Entity Name FLUTTERBY ANTIQUES, UNIQUES & GIFTS LLC Principal Place of Business Mailing Address 337 CALHOUN AVENUE 337 CALHOUN AVENUE DESTIN, FL 32541 US DESTIN, FL 32541 US 01212005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 01-0557684 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIBSON, MICHAEL O DO NOT WRITE 302 CALLE STREET SANTA ROSA BEACH, FL 32459 IN THIS SPACE 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.

UDUU0U194514 01/25/05-80105-004 SU.UU

DATE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

11. 1	nereby 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
ir	dicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a mark	iging member or manager of the
{}6	nited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	

(NOTE, Registered Agent signature required when reinstating)

SIGNATURE:

SIGNATURE.

9.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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