


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020068 1. Entity Name ITALIAN LEATHER SEATING, L.L.C.	
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Principal Place of Business 1077 HWY 98E 100 DESTIN, FL 32541	Mailing Address 1077 HWY 98E 100 DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 26-0007408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKERSON, ELLIS DEAN
1077 HWY 98 EAST, STE 100
DESTIN, FL 32541

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEATHER CONNECTIONS, INC. 1044 HIGHWAY 98 EAST, SUITE 1506 DESTIN, FL 32541
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11. I 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 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.

SIGNATURE: Dean Wilkerson **DEAN WILKERSON** 04-29-2004 850-937-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #